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ABSTRACT

In this applied research project, the tendency for Youth Workers to treat admissions as a sudden procedural event was problematic at a treatment program. Literature from (brief) constructivist therapies, youth care work, and interviews with administrators, youth workers, and youths at a treatment program were used to solve the problem. The Context Metaphor Relationship (CMR) model comprised the solution. In CMR, an emphasis on social contexts, transitional metaphors, and relationships were used to ease youths' transitions into residential treatment. "Care-Giver Primacy" was advanced to help youth workers deal with the needs of new youths. Standards for residential admissions were incorporated into short-term emergency admissions and long-term expected admissions. When presented to them, workers and administrators viewed the model as a comfortable transition into residential treatment. In CMR, a paradigm-shift from therapies emphasizing quick cost-effective efficiency to therapies emphasizing a gradual, empathic concern for individuals was pursued. (Contains 52 references, and 2 appendices: (1) Interview Questions; and (2) the Presentation of CMR, along with evaluation questions.) (Author)

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Developing a Model to Ease Youths' Transitions into Residential Treatment: Integrating Constructivist Therapies and Youth Care Work into a Contextually Relevant Rite of Passage

by

Paul A. Williams

Cohort 68

A Practicum Proposal Presented to the Master's Program
in Child and Youth Care in Partial Fulfillment of the Requirements
for the Degree of Master of Science

Nova Southeastern University
1995

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Nov 13, 1995
Date

Paul C Williams
Name

ABSTRACT

Developing a model to ease youths' transitions into residential treatment: Integrating constructivist therapies and Youth Care Work into a contextually relevant rite of passage. Williams, Paul A., 1995: Practicum Report, Nova South Eastern University, Master's Program for Child Care Administrators. Descriptors: Admissions/ Brief Therapy/ Care-Giver Primacy/ Child and Youth Care Work/ Context/ Constructivism/ Culture/ Metaphor/ Needs/ Relationship/ Residential Treatment/ Rite of Passage/ Transition/ Youths.

In this applied research project, the tendency for Youth Workers (Workers) to treat admissions as a sudden procedural event was problematic at a treatment program. Literature from (brief) constructivist therapies, Youth Care Work, and interviews with Administrators, Workers, and youths at a treatment program were used to solve the problem. The Context Metaphor Relationship (CMR) model comprised the solution. In CMR, an emphasis on social contexts, transitional metaphors, and relationships were used to ease youths' transitions into residential treatment. "Care-Giver Primacy" was advanced to help Workers deal with the needs of new youths. Standards for residential admissions were incorporated into short-term emergency admissions and long-term expected admissions. When presented to them, Workers and Administrators viewed the model as a comfortable transition into residential treatment. In CMR, a paradigm-shift from therapies emphasizing quick cost-effective efficiency to therapies emphasizing a gradual, empathic concern for individuals was pursued.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	Introduction and Background	6
	Youth Center	8
	Description of Youths Admitted	9
	The Program's Structure	11
	The Writer's Experience	13
II.	Purpose of Research	17
	Problem Statement	17
	Examination of Relevant Literature	18
	Meaning and Context in Psychiatric Institutions	19
	Meaning and Context in Residential Treatment	21
	The Rite of Passage in Residential Treatment	25
	Metaphor and Rites of Passage	29
	Metaphor and Story	31
	Metaphor Anchors	37
	Relationships	39
	Summary	42
	Documentation of the Problem	43
	Interviews with Administrators and Youth Workers	44
	Workers' Written Statements	47
	Admission and Intake Manual	49
	Interviews with Children	50
	Analysis of the Problem	51
III.	Goals and Objectives	55
	The Goals of the Practicum	56
IV.	Solution Strategy	59
	Themes Relevant to Context Metaphor Relationship	59
	Presentation and Relationship	60
	Transition and Story	64
	Applying Concepts	68
V.	Action Taken	72
	The Context Metaphor Relationship Model (CMR)	77
	Context	78
	Metaphor	81
	Relationship	82
	Youths and Workers	83
	Rhythm	83
	Meaning	83

- Presence 84
- Atmosphere 85
- Youths and Significant Others 87
- Standards for Youth Care Workers and Administrators 89
- The Transitional Gradual Admission 92
  - Preparation Stage 93
    - Initial Meeting 93
    - Follow Up Meeting 95
    - Planning for Pre-Admission 97
    - Questions for a Staff Meeting 97
    - Separation Stage 101
    - Experimental Stage 104
- Transitional Immediate Admission 106
  - Separation Stage 107
  - Preparation Stage 108
  - Experimentation Stage 112
  - Celebration 115
- Results 116

VI. Conclusion 129
- The Present Structure 129
- Short-Term Placements 130
- Long-Term Placements 131

References 133

Figures 138
- 1 Admission to the Youth Center 138
- 2 The Youth In Social Context 139
- 3 Care-Giver Primacy 140
- 4 Transitional Gradual Admission 141
- 5 Transitional Immediate Admission 142

Tables 143
- 1 Day of Admission 143
- 2 Day following Admission

Appendix I 146
- Interview Questions 147

Appendix II 152
- The Presentation of CMR 153
- Evaluation Questions 154

CHAPTER I

Introduction and Background

Agency History

In 1923, a group of concerned citizens met at the Chamber of Commerce in southern Ontario to form an agency to care for the sick, the unfortunate, and the underprivileged ("Central bureau of," 1924). Their actions were influenced by the Settlement House Movement (SHM), which had the following aims: first, to treat individuals as citizens, not clients; second, to have the affluent, who occupy a heightened social position, help the underprivileged; and third, to help the underprivileged in the communities where they live (Husock, 1993). At that time, the agency was unique in its attempt to interpret the concerns of citizens as they themselves interpret them, not as the medical profession or popular ideology interprets them. In accepting the assumptions of the SHM, the agency comprised a significant alternative to the Mental Health Movement, which both labeled and categorized clients (Henry, 1993; Szasz, 1970).

From its inception, the agency coordinated the services of several relief-organizations. It sent volunteers to the homes of underprivileged persons to help them deal with their concerns ("Bureau established," 1923). In 1924, the agency helped 130 families in the community enjoy a pleasant Christmas; in all, it helped 716 families that year, offering financial assistance and counseling to individuals ("Central bureau giving," 1924; "Great depression," 1978). The agency has to its credit, been recognized as one of the first systems of general welfare in Canada ("Great depression," 1978; Henry, 1993).

When a Government-regulated system of general welfare was established in Canada, the agency ceased its role as a "financial handout-agency." Instead, it mobilized its resources toward counseling. For example, after World War II, it counseled Veterans that had difficulty reuniting with their spouses (Staff Manual, 1992). In the 1960s, the agency established a Credit Counseling Program to help individuals deal with their credit-problems (Henry 1993). In 1972, the Youth Center was opened to help families reunite ("Two houses," 1972). In 1974, when the number of mothers in the work force began to increase, the agency sent counselors into homes to care for children; that same year, following increases in rates of divorce, the agency developed "Separating Parents/Partners And Need" to provide counseling to adults in crisis ("Great depression," 1978; Vedell, 1995). By the end of the 1970s and early in the 1980s, the agency established the following programs: in-home counseling to the elderly through a Home Support Services Program for Seniors; counseling to businesses in the community through an Employee Assistance Program; education to parents and children through a Family Life Program; and counseling to victims and perpetrators of spousal abuse through Counseling Services.

Over the years, the agency has struggled to remain consistent with the values and intentions of the SHM. Whereas, the SHM views persons as experiencing problems in living, not mental illnesses (Husock, 1993; Szasz, 1970), the Mental Health Movement, which views clients as experiencing mental illnesses, continues to exert a significant influence on professionals at the agency. Nonetheless, both the agency and the Youth Center's recent interest in constructivist therapies comprise an attempt to find therapies that comply with the SHM: those that solve problems in living by examining issues from the individual's own perspective (Henry, 1993).

Youth Center

The Youth Center began in 1972 as an experimental program by the agency. The Center was an attempt to lessen stressors that separate youths from families ("Two Houses" 1972). Located in the heart of the city, the Center provided long-term treatment to 18 youths between ages 16 and 21. In the 1980s, it worked closely with the Children's Aid Societies to provide short-term treatment to 10 male or female youths between the ages of 12 and 18. By 1991, the Center moved due to the dilapidated condition of its premises and the encroaching influence of criminal behavior; it moved to its final location just outside the city in 1992.

Description of Youths Admitted

Presently, the Youth Center serves mainly male youths. The change to services for males, however, results from their sexual and physical assaults on females, weaker individuals, and the difficulty associated with finding placements for aggressive males. Due to these concerns, the Youth Center and Children's Aid Societies agreed to admit only male youths to the Youth Center.

Youths admitted to the Center, usually, arrive following assessments: attention-deficit disorder, learning-disability, behavioral problem, or conduct disorder comprise usual diagnoses (Pamphlet, 1993). They arrive mainly due to the breakdown of a placement, which may be a foster-home, residential treatment setting, custodial facility, or their parent's home. Few youths experience support from relatives during their placement at the Center. Most youths admitted to the Center come from European heritage; presently, few youths admitted to the Center come form other cultural backgrounds. The reasons for this contrast may be due to the following: population-demographics indicating that the majority of citizens are from European origins; services for Native youths, in particular, are provided by a separate order under the Child and Family Services Act, 1984; a lack of services aimed at youths from non-European communities; and a disinterest in counseling by individuals from those communities.

Since 1990, the Youth Center has admitted approximately 250 youths. Each year the number of admissions has tended to diminish. This decline may be attributed to two factors: first, the presence of few resources for males that commit sexual offenses; and second, the implementation of long-term beds in 1992, which decreased dramatically the number of beds available for admissions. Figure 1 presents the decreasing number of youths admitted each year.

Insert Figure 1 about here

Presently, the Center has capacity for twelve youths. However, it provides care to only 10. Seven of its beds are reserved for the Children's Aid Society; and while two of those beds are used for long-term treatment, the remaining five are used for short-term treatment. In addition, the Center provides three beds to the Catholic Children's Aid Society, which are used as follows: one for long-term treatment; and the other two for short-term treatment. Occasionally, one Children's Aid Society may borrow a bed from the other; this sharing of beds requires the consent of the other Society. Together, the Children's Aid Societies comprise the only means by which youths may enter the Youth Center.

The Program's Structure

Presently, the program consists of an administrative team, an educational team, and clinical teams. The administrative team consists of a Manager of Child and Youth Services, an Administrative Supervisor, and a Clinical Supervisor. The Manager has the following responsibilities: setting the budget; ensuring that the program meets the requirements of the Child and Family Services Act (1984) and standards set by the Ministry of Community and Social Services; from time-to-time, revising the Policies and Procedures Manuals and ensuring that staff remain aware of changes to its intentions; directing staff-development and training in therapeutic and administrative techniques; liaison with agencies in the community; and directing the activities of the Administrative Supervisor and Clinical Supervisor.

The Administrative Supervisor has the following responsibilities: requisitioning money from the agency; providing expense-reports to the agency and Children's Aid Societies; documenting statistics on youths; ensuring that the Youth Center meets licensing standards set by the Ministry of Community and Social Services; monitoring the maintenance of the Youth Center; and supervising a House Keeper, Maintenance Worker, and Receptionist (Job Descriptions, 1991).

The Clinical Supervisor has the following responsibilities: coordinating all client referrals; assessment reports; college placements; directing shift duties, the schedule and the hiring of Youth Workers (Workers); orienting them to the Policies and

Procedures of the Youth Center; and supervising both the Behavioral Specialist on the educational team and the activities of clinical teams. The Clinical Supervisor meets periodically with Team Leaders; individually with Workers each month; and biweekly with Workers at staff meetings.

The educational team consists of a Teacher and a Behavioral Specialist. The teacher is certified in Special Education, which allows youths of varying intellectual and behavioral abilities to be taught simultaneously. Working in collaboration with the Teacher, the Behavioral Specialist monitors and regulates the behavior of youths. The Behavioral Specialist assesses youths' behavior and provides that information to Youth Care Workers. That position, further, maintains contact with youths that attend schools in the community while living at the Youth Center.

Generally, clinical teams consist of a Team Leader and two Youth Workers. Since the present schedule rotates, the Workers that work with each Team Leader vary continuously. Team Leaders provide training and On-Call supervision to Workers. In addition, Team Leaders participate in all the responsibilities experienced by Workers: conducting intakes, counseling youths, writing assessments, orientating youths, family work, and treatment planning (Job Descriptions, 1991).

Clinical Teams are, further, buttressed by the Training Intervention Coordinator; that position has the following responsibilities: training Youth Workers; monitoring youths' visits home during weekends; working closely with Team Leaders to organize and develop workshops; and sharing On-Call responsibilities with them.

The Writer's Experience

During my five years at the Youth Center, I have witnessed many changes. When I began as a Youth Worker at the Center in 1991, the program provided assessment and short-term treatment to children and families. It utilized a combination of cognitive-behavioral therapy, transactional analysis, and strategic therapies to stabilize behavior, assess behavior, and recommend appropriate placements (Pamphlet, 1993). In particular, it used a token-economy as the primary means of structuring placement within the treatment program.

Subsequently, when I arrived at the Youth Center following work at another agency, I noticed limitations with the economy: it examined only youths' participation in the program but neglected many of their successes. Consequently, in collaboration with the Manager of Child and Youth Services, the Clinical Coordinator, and a Team Leader, I initiated a Committee to design and implement a token economy that intended to enhance youths' social skills. The finished model added the dimensions of youths' interactions with adults, peers, and their treatment of themselves to the former token economy. I provided training to staff and wrote several articles describing ways to utilize the economy.

When the Children's Aid Societies considered the Youth Center for long-term treatment, I participated in a Committee to evaluate the program's suitability for long-term treatment. The Committee, which consisted of representatives from the Children's Aid Societies, other residential treatment programs, and custodial facilities, evaluated the Youth Center on the following dimensions: the nature of the external environment as it relates to demands from Children's Aid Societies; resources available for maintaining the program; the needs of youths; the challenges faced by staff; and the design and delivery of the program. The Committee forwarded the following recommendations to the Center: first, that the Societies commit to funding long-term placements at the Center; second, that administrators at the Center consult with Workers when implementing staff-development (Program Review, 1991); third, that the Center undertakes a full review of "Contextual Residential Care . . ." (Menses and Durrant, 1987); fourth, that the Center examines its role in counseling families; fifth, that its staff meetings should be utilized for discussing information about cases; and sixth, that it considers the utility of a team-model (Program Review, 1991).

Pursuant to the Committee's review of the Youth Center, a team-model was implemented and I was appointed Team Leader. Importantly, as one of my functions, I took seriously the Community Review's recommendation that the Center review Contextual Residential Care (Menses & Durrant, 1987). Following a discussion with the Manager of Child and Youth Services, a colleague and I sought to develop a plan to engage youths that seem disinterested in counseling (Activity Booklet, 1994). We developed an Activity Booklet, which had the following qualities: an initial page welcoming the child to the Center by literature resembling the present infatuation with "rap-music"; a page providing space for youths and Workers to sign their names to greet new youths; a page identifying rules in the program; a page identifying goals that youths would like to work on; and a page describing characteristics of Workers.

Since we felt that youths admitted to the program waited too long before connecting with a Worker, we implemented a plan under which the person conducting an intake (or the initial meeting between Worker and Youth), became the child's temporary Coach (or Worker) until the child chose a permanent Worker. As part of the Activity Booklet, we also asked youths to meet with the Manager of Child and Youth Services, the Clinical and Administrative Supervisors, and the Cook. We felt that these interactions would acquaint the youth with the larger structure of the Center. We, further, developed a checklist to identify therapeutic tasks and administrative tasks required during intakes.

Nonetheless, to my dissatisfaction, these efforts seemed to prepare youths only minimally for the transition into residential treatment. I conjectured that a tendency to view admissions as "intakes" led both Workers and myself to practice brief procedural admissions with youths, instead of efforts to ease them comfortably into residential treatment. Significantly, I conjectured that the Center would benefit from a plan that treats admissions, importantly, as a gradual therapeutic process.

As Ludwig Wittgenstein (1968, #42, cited in de Shazer & Berg, 1992) exclaimed "[t]he meaning of a word is its use." Similarly, Workers' use of the term "intake," led them to treat admissions as a sudden procedural event, instead of a gradual therapeutic process. Context, metaphor, and relationship comprise significant ideas in the literature that may help youths to experience residential admissions gradually.

CHAPTER II

Purpose of Research

This practicum project will attempt to integrate historic influences facing the agency with literature from constructivist therapies and Youth Care Work. This research intends to develop a model that will ease youths' transitions into residential treatment.

Problem Statement

In its attempt to integrate ideas from constructivist therapies and Youth Care Work, Administrators at the Youth Center have trained Workers in several therapeutic techniques: problem externalization (White, 1986), the miracle question (de Shazer et al., 1986), and reframing (de Shazer & Berg, 1992). Unfortunately, I have observed a lack of training specific to easing youths' gradually or comfortably into residential treatment. As mentioned in Chapter One, my own efforts at improving residential admissions mimicked the tendency of Workers at the Youth Center to view admissions as confined to "intakes"--that brief initial meeting between a Worker and youth. Importantly, the problem I have identified is one of Workers treating admissions as a sudden, procedural event.

In contrast, admissions should be viewed as a gradual therapeutic process. In attempting to help youths adjust comfortably to residential treatment, Workers should attempt the following: to examine youths' needs; to form relationships with them; to involve their significant social supports; and to celebrate youths' arrival. In this way, youths may experience residential admissions as a comfortable transition.

Examination of Relevant Literature

Very little research has been written that examines efforts to admit youths smoothly into residential treatment. Nonetheless, ideas relevant to residential admissions may be found in literature on research in psychiatry, Youth Care Work, and constructivist therapies. In this section, I will review this literature with a specific emphasis on ways to help youths adjust comfortably to residential treatment. Examining residential admissions, I will claim that the meaning and context in which children and families find themselves, set the tone for therapeutic work. I will conjecture that rituals and constructivist therapies comprise a complementary means of helping youths to adjust to residential treatment. I will claim, further, that Workers' ability to form relationships with youths, may lead to residential admissions that seem comfortable.

Meaning and Context in Psychiatric Institutions

David Rosenhan (1973) has conducted research suggesting that the meaning and context of psychiatric institutions, influence the way that therapists perceive patients. He demonstrated that people enter psychiatric facilities in a context of illness. He asked eight sane adults to try to be admitted to several psychiatric facilities. He instructed each of them to visit a hospital claiming to hear voices that said "empty," "hollow," or "thud." Rosenhan (1973) chose each word based on its relevance to ideas or meanings from existential therapies.

When discussing their case with psychiatrists, sane adults or "pseudopatients" as he called them, explained their real life stories. They answered all the psychiatrists' questions truthfully except those concerning their real name, vocation, and employment. (Rosenhan (1973) conjectured that if the information were made public it would lead others to view pseudopatients as mentally ill.) Significantly, all pseudopatients were admitted.

Initially, they reported fears about what would happen to them. In addition, since none of them were told when they would be discharged, they considered their residency to be indefinite. When they confronted Rosenhan, asking to be released from psychiatric facilities, he insisted that they prove their normalcy to therapists before being released. While in the facility, they spent most of their time scribbling notes about the ward, its staff, and clients. They wrote the notes, first privately and then in full view of therapists and patients. Significantly, only real patients recognized pseudopatients as frauds. Real patients confronted them saying: "You're not crazy. You're a journalist, or a professor" (Rosenhan, 1973, p. 252). In contrast, nurses viewed the writing by pseudopatients as evidence of illness. Ranging in length of stay from seven to fifty-two days, all pseudopatients left undetected with a diagnosis of "schizophrenia in remission" (Rosenhan, 1973, p. 252).

Rosenhan (1973) reported the results of his investigation to psychiatrists at hospitals. He informed them that in the following three months, he would attempt to admit one or more pseudopatients. During that period, nurses, attendants, psychiatrists, physicians, and psychologists were asked to rate the likelihood of new patients being pseudopatients. Once the study commenced, of 193 new patients evaluated, "[f]orty-one patients were alleged, with high confidence, to be pseudopatients by at least one member of staff. Twenty-three were considered suspect by at least one psychiatrist. Nineteen were suspected by both one psychiatrist and one other staff member" (Rosenhan, 1973, p. 252). Importantly, Rosenhan received this data before attempting to admit any pseudopatients.

Rosenhan's (1973) research has important implications for admissions to residential treatment. His use of words such as "empty," "hollow," or "thud" to attract the attention of psychiatrists suggest that therapists may be led to perceive mental illness even when it is absent. Rosenhan labeled this tendency as a Type II error: it involves a tendency by therapists to interpret behaviors as evidence of illness over competence. In contrast, a Type I error occurs when therapists perceive competence over illness. He conjectured that psychiatrists erred on the side of Type II error over Type I error since most sane individuals would not attempt to be admitted to a psychiatric institution. Nonetheless, the tendency of therapists to view individuals as mentally ill suggests that contexts that emphasize illness lead therapists to perceive illness. Importantly, real patients were the only persons to perceive pseudopatients as normal. This finding, further, buttresses the point that theoretical orientations may distort therapists' objectivity.

Importantly, several conclusions may be derived from Rosenhan's study (1973). First, individuals admitted to psychiatric facilities tend to experience anxiety. The anxiety may be due to their not being informed about the length of placement. It may, also, be due to their not being informed about the way that they will be treated during placement. Second, Rosenhan's study demonstrated that the tendency for therapists to view patients as mentally ill may be reversed when therapists work in contexts that expect competence.

Meaning and Context in Residential Treatment

George Menses and Michael Durrant (1987) identified the importance of meaning and context to residential admissions. They conjectured that children and families enter residential treatment in a context of failure. They conjectured that parents possess meanings that view placement as evidence of either their own or their child's guilt, failure, or incompetence. Similarly, traditional approaches to therapy tend to blame either the family or the child. In traditional approaches, for example, therapy tends to follow this sequence: (1) a problem in the family becomes overwhelming; (2) someone approaches experts for treatment; (3) therapy fails; (4) the child enters residential treatment; and (5) the family reunites when the problem--whatever that might be--is "fixed" (Menses & Durrant, 1987). The paradox, however, is that when the child is fixed, parents feel incompetent since Workers accomplished something that they could not (Menses & Durrant, 1987).

Though identifying limitations with traditional approaches to residential treatment, Menses and Durrant (1987) prescribed few procedures for easing transitions into residential treatment. Weinstein (1974), in contrast, elucidated two procedures for easing transitions. First, scheduled visits at the program so the child, parents, Workers, and the children in the treatment program may become acquainted. This is an effective strategy for easing transitions, since admission to residential treatment may comprise a significant challenge to the beliefs and culture of individuals (Krueger, 1995). Second, Workers (one male from the day-shift and one female from the night-shift or vice versa) could visit youths at home to meet with the family. The visits provide an understanding of issues facing the family (Weinstein, 1974). Similarly, when Menses and Durrant (1987) touch on the idea of easing transitions into residential treatment, they recommend the following: first, externalizing the problem (White, 1986); second, the youth should be introduced to the physical layout of the building in a way that has relevance to the aims of placement; and third, that the youth should be introduced to others in a context that suggests the child's effort to learn new ways to deal with issues.

Menses & Durrant (1987) proposed the contextual approach as a means of countering the effects of traditional approaches to treatment. The contextual approach operates under the following plan: (1) someone identifies a problem in a family; (2) therapeutic and practical attempts at solving the problem fail, (3) Workers inform both parents and the child that residential placement is the first step toward positive change; (4) Workers propose a view of residential treatment as an attempt at experimenting with new directions; and (5) the youth, who is not "fixed," returns home with (new) skills for more practice.

The contextual approach differs from traditional approaches, primarily, since it avoids efforts to fix individuals. In addition, under the contextual approach, Workers externalize problems away from individuals, not toward them (White, 1986). As mentioned previously, in Rosenhan's (1973) study, psychiatrists tended to localize problems within individuals, instead of viewing them as experimenting with ways to fight an externalized problem. Ultimately, the contextual approach creates contexts allowing Workers, child, family, and youths in care, to experience treatment as an expansion of competencies, not inadequacies (Menses & Durrant, 1987; Durrant, 1993).

As discussed by Gregory Bateson (1980) "context" refers to the connections that individuals form by way of their beliefs, ideas, and presuppositions. Individuals, according to his definition, interpret events as confirmation of their established beliefs about the world. Consequently, during residential admissions individuals may interpret the experience as a confirmation of their illness or failure. Rosenhan's study (1973) suggested that psychiatrists that work in contexts that expect illness tend to find it, even when it is absent. In contrast, Menses and Durrant (1987) claimed that therapists tend to view individuals as healthy when therapy occurs in a context that expects competence. Unless motivated otherwise, therapists' theoretical orientations tend to distort their objectivity.

Building on that idea, Menses and Durrant's (1987) contextual approach challenges therapists, parents, and children to view residential admissions differently. Admission becomes an experiment, before one returns home, in new ways of thinking and behaving; in fact, Durrant (1993) later summed up the contextual approach, when he wrote: "I have told a number of families, when negotiating the admission of their son or daughter, that I cannot guarantee that the problem will be solved by the time their child returns home. Moreover, I have said that home is the only place where [permanent] change can occur" (Durrant, 1993, p. 20).

The Rite of Passage in Residential Treatment

In their depiction of residential admissions as a rite of passage, Menses and Durrant (1987) take steps to prepare youths and families for a smooth transition into residential treatment. They applied Van Gennep's (1960) notion of a "rite of passage," which deals with developmental or social transitions in cultures, to processes involved in residential treatment. Initially, they present residential admission as a "separation phase" where old experiences are left behind (Menses & Durrant, 1987). Similarly, in the Nuer culture of northern Africa, as part of a rite of passage, males between the ages of 14 and 16 are separated from others in the village (Service, 1978). This marks the beginning of their passage to the next stage of development.

Menses and Durrant (1987) likened living in a treatment-program to an "experimentation phase" where individuals experience a time of trial and error. Similarly, in the Nuer culture, youths that have passed through the separation phase undergo an ordeal where six cuts--from ear to ear--are placed across the forehead. They remain in isolation until the wounds have healed (Service, 1978). Though Menses & Durrant (1987) never used such harsh ordeals, they view the "hard work" experienced by youths (as they work on goals) in residential treatment as similar.

In the way Menses and Durrant (1987) described it, discharge from residential treatment comprises a "completion phase" (Van Gennep, 1960). Similarly, completion of the trial in Nuer culture involves youths' entry into adulthood (Service, 1978). Menses and Durrant (1987) recommended the use of a ritual or celebration to mark the completion of a rite of passage. For example, they invited a youth's relative and peers to celebrate the completion of the youth's goals. Similarly, in the Nuer culture, a visit from the Man of the Cattle, who is sacred, and receiving a spear and an ox from one's father (or uncle) elevates youths to the status of "warrior" (Service, 1978).

Though the rite of passage experienced by Nuer youths may seem trite to individuals in the western world, the strength of the process occurs in its meaning and context. Equally, when Menses and Durrant (1987) recommend rituals, their importance depends on the context--whether forced or natural--and the meaning--whether good or bad--in which individuals find themselves. Nonetheless, their article was limited by its holistic view of residential treatment as a rite of passage. At a smaller level, interactions between therapists and individuals may be viewed as a rite of passage. Specifically, in this section, I will integrate formal constructivist therapy with the rite of passage.

As addressed before, during the rite of passage, individuals experience a separation from a former context--their sense of place and situation--and meaning--their sense of self and its relation to others. Similarly, during the early stages of constructivist therapy, therapists attempt to create a rift between the problem that concerns individuals and their sense of self (de Shazer & Berg, 1992; Menses &

Durrant, 1987; Selekman, 1993; White, 1986). In a rather concrete example, Menses & Durrant (1987) used a technique called "externalization" to establish a context within which the family could view differently their daughter's problem with theft. To accomplish this aim, they labeled the girl's problem with theft as "itchy-fingers," which avoids meanings that blame either the mother or daughter for the problem. Similarly, in an abstract and amusing way, de Shazer and Berg (1992) assisted a couple whose problematic complaint was the wife's nymphomania. After discussing the problem with the couple, they agreed that the meaning behind the problem had more to do with sleep than with nymphomania.

In a rite of passage, individuals experience a transition phase (Van Gennep, 1960). It involves an experience of trial and error that results in a new view of self. Similarly, in constructivist therapy, professionals attempt to create contexts where individuals may experience themselves differently (Durrant, 1993). In the case of the girl with the "itchy-fingers," Workers structured situations or contexts where she would have opportunities to steal; Workers, being "highlighters" of successes and differences in behavior, provided her with information about how well she behaved. Through this process of creating contexts where change could occur and then commenting on her actions, Workers helped her to develop new meanings about herself and her relationship to theft. Similarly, in the case involving the nymphomaniac, the therapeutic work of de Shazer and Berg (1992) involved a period of transition. On nights when the women lay awake for an hour without being able to sleep, they instructed her to either get out of bed and do some cleaning or lie in bed while concentrating on keeping her tongue from the roof of her mouth. Equally, her husband was given the task of flipping a coin each night, before she went to bed, to decide which option she would use if she could not sleep. The task of waiting each night to decide whether she would sleep or do housework created a context where the women had control over the problem. In addition, since the plan involved either sleep or work, the meanings imparted to the patient were not pejoratively "you're a nymphomaniac" but normatively "you cannot sleep."

The rite of passage, further, involves a completion phase (Van Gennep, 1960). It signifies an end to the trial experienced by youths. Menses and Durrant (1987) provided the child and family with concrete information about the end of therapy:

> *In the initial interview with Jenny and Mrs. K., it was agreed that six itch-fighting tests in the unit and a similar number at home would indicate successful training. This was reiterated as therapy progressed, with the transitional nature of the placement emphasized and the importance of the "real work" that would start at home. Both Mrs. K. and Jenny were understandably hesitant about her return home, but raised no objection when it was clear that this was the natural progression.* (p. 13)

By negotiating a context where Jenny's successes could be concretely measured, the meanings behind treatment became valuable to Workers, children, and parents. Equally, the alleged nymphomaniac couple came to view their problem as due to insomnia, not nymphomania (de Shazer and Berg, 1992).

The ritual comprises the final stage of the rite of passage. Menses & Durrant (1987) used a ceremony to communicate publicly that progress has occurred. The ceremony consists of the following: gifts; invitations to family; speeches by staff and residents; discussions about the battle with itchy-fingers; and a symbolic separation from the problem. Such events provided Jenny, her mother, Workers, and children in the treatment program with a view of residential treatment as a positive transition. Similarly, the nymphomaniac couple who would be insomniacs, wrote a letter of thanks to Steve de Shazer and Kim Berg, which suggests their celebration and victory over the complaint.

Metaphor and Rites of Passage

Similar to the work of Menses and Durrant (1987) and de Shazer and Berg (1992), Mills and Crowley (1986) add metaphor to the idea of rites of passage. Their model involves several recommendations. First, Workers should attempt to establish a theme of conflict between the child, family, and the problem. This emphasis on a conflict or separation resembles Menses and Durrant's (1987) efforts in the separation phase, which challenged Jenny and her mother to fight the itchy-fingers. Second, they advised Workers to personify unconscious processes of individuals as heroes or helpers and villains or obstructions. While constructivist therapies do not examine unconscious processes, personification has been applied: Bill O'Hanlon (1994) viewed narrative therapies as personifying problems that dominate, oppress, lie, and steal from individuals. Third, Mills and Crowley (1986) advised Workers to deal with the child and family as though experiencing a metaphorical crisis that they may overcome. More concretely, Menses and Durrant (1987) utilized metaphorical crises to test Jenny and her mother, providing them with opportunities to overcome theft. Similarly, de Shazer and Berg's (1992) experiment provided the women and her husband with opportunities to overcome insomnia. Fourth, Mills and Crowley (1986) recommended that Workers work with individuals to develop an identification that confirms their victory over the process. With the successful completion of each test and subsequent practice at home, Menses & Durrant (1987) provided Jenny with information about her success over theft. Fifth, Mills and Crowley (1986) advised therapists to end therapy with a celebration where both the family and child's skill is acknowledged. Similarly, Menses and Durrant (1987) utilized a celebration to end Jenny's treatment. In de Shazer and Berg's (1992) efforts with the adult couple, the celebration involved a written letter of thanks and many sleep filled nights.

Metaphor and story

Others (O'Hanlon, 1994; Selekman, 1993; Tamases et al., 1995) have used the notion of metaphor and story to promote therapeutic rites of passage. Specifically, Selekman (1993) utilized metaphor and story to deal with a 16-year-old, who while refusing to obey his parents, insisted on their buying him a leather jacket. The significance of the case is that Selekman's use of transitional narratives proved relevant to a family's problem:

> There once was a man, a postman on the reservation, who heard some of the Elders talking about receiving objects that bring great power. He didn't know how much about such things, but he thought to himself that would be a wonderful thing if he could receive such an object which can only be bestowed by the Creator. In particular he heard from the Elders that the highest such object a person can receive is an eagle feather. He decided that was the one for him. If he could just receive an eagle feather he would have all of the power, wisdom, and prestige he desired. But he knew he couldn't buy one. It just had to come to him somehow by the Creator's will. Day after day he went around looking for an eagle feather. He figured one would come his way if he just kept his eyes open. It got so he thought of nothing else. The eagle feather occupied his thoughts from sunup to sundown. Weeks passed, then months, then

years. Every day the postman did his rounds, always looking for that eagle feather--looking just as hard as he could. He paid no attention to his family and friends. He just kept his mind fixed on that eagle feather. But it never seemed to come. He started to grow old, but still no feather. Finally, he came to realize that no matter how hard he looked, he was no closer to getting the feather than he had been the day he started. One day he took a break by the side of the road. He got out of his little jeep and had a talk with the Creator. He said: "I'm so tired of looking for that eagle feather. Maybe I'm not supposed to get one. I've spent all of my life thinking about that feather. I've hardly given a thought to my family and friends. All I cared about was that feather, and now life has just about passed me by. I've missed out on a lot of good things: Well, I'm giving up the search. I'm going to stop looking for that feather and start living. Maybe I have time enough to make it up to my family and friends. Forgive me for the way I have conducted my life." Then--and only then--a great peace came into him. He suddenly felt better inside than he had in all these years. Just as he finished his talk with the Creator and started getting back to his jeep, he was surprised by a shadow passing over him. He looked up into the sky and saw, high above, a great bird flying over. Almost instantly, it disappeared. Then he saw something floating down

> ever so lightly on the breeze--a beautiful tail feather. It was his eagle feather! He realized that the feather had come not a single moment before he had stopped searching and made his peace with the Creator. That postman is now a changed person. People came to him for wisdom now and he shares everything he knows. Even though now he has the power and the prestige he searched for, he no longer cared about such things. He was concerned about others, not himself. So now you know how wisdom comes. (Wall & Arden, 1990, pp. 74-75, cited in Selekman, 1993, pp. 5-6)

The importance of the story is that it challenged the youth to view his insistence on a black leather jacket as leading potentially to the loss of his family. The story worked because it proved relevant to the youth's beliefs (Selekman, 1993; Booker & Blymer, 1994). After using the story, the family returned to therapy reporting that their son had changed. As they claim, he was cooperative, followed instruction, and participated in chores; and he no longer focused on the leather jacket.

In their attempt to recognize culture in therapy, Tamases, Campbell, and Waldegrave (1995) utilized metaphor and narratives. They described critical post-modernism, which forms the basis of their work, as viewing all therapeutic approaches as guided by ethics, history, and values. Consequently, they conjecture that when dealing with individuals, therapists need to be aware that the social sciences comprise

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one cultural explanation of reality, not the whole truth. They recommend that therapists incorporate ideas, values, and ethics from individuals' cultures. (They do not renounce the religious perspective; in fact, they implore its use!) They view their therapy as strengthened greatly by the use of representatives from an individual's culture.

In devising a plan to validate the stories that individuals tell during therapy, Tamases et al. (1995) advised therapists to follow three narrative steps: (1) confirm the family's strengths; (2) expose any destructive processes; and (3) create a metaphor that relates deeply with an individual's culture. In recognizing the historical and cultural meanings that individuals bring to therapy, Tamases et al. (1995) create contexts where individuals can experience solutions to problems in ways that fit or prove relevant to their own heritage.

David Epston (cited in O'Hanlon, 1994) has utilized narratives to expose cultural struggles and successes faced by individuals. When dealing with an Italian immigrant to New Zealand, who felt oppressed in her marriage and with life in general, Epston wrote her the following letter:

> I take it that telling me, a virtual stranger, your life story, which turned out to be a history of exploiting, frees you to some extent from it. To tell a story about your life turns it into a history, one that can be left behind, and makes it easier for you to create a future of your own design. [Also], your

story needs to be documented so it isn't lost to you and is in a form available to others whom you might choose to inspire. They will come to understand, as I have, how you were, over time, strengthened by your adverse circumstances. Everyone's attempts to weaken you by turning you into a slave, paradoxically strengthened your resolve to be your own person. This, of course, is not to imply that you haven't paid dearly for this and haven't suffered. You almost accepted your family's attitude towards you and this accounted for the doormat lifestyle that you lived for some time.

You probably wondered why [your father] loved you quite so much when your mother didn't want you. She taught you a servant mentality: that is, to do for others and expect very little in return. For a mother to betray a child into servitude, she must have had to convince herself you were bad; otherwise she couldn't have been your Judas and betrayed you. You were turned into a Cinderella with other people in charge of you. Your family did the worst for you and tried to have you believe that that was the best you could or should expect because you were "bad." They tried to convince you (and were undoubtedly successful for periods of time) that you deserved their punishments and cruelties . . .

> . . . In your thirties, your own power surfaced and was accepted by you. And no one could submerge it any longer. You had so much courage, in fact, that you decided to seek justice and put things right. By doing so, you drew a distinction between your history and your future. In your history, your life was defined by other peoples' attitudes and ideas about you; in your future, your life will be defined by your respect and appreciation of yourself. Your mother's death finally freed you--you no longer had to search for a mother who could never be. You were released to go forward in your life, believing in yourself. No wonder you feel dizzy with possibility. Remember, being a prisoner can make you accommodate to your prison. To be released from it is disconcerting, and many return to it for refuge. I believe you always, always, had some sense that evil was being done to you and, for that reason, you were never made into a real slave. Rather, you were a prisoner of war, degraded, yes, but never broken. To my way of thinking, you are a heroine who doesn't know her heroism. (Epston, cited in O'Hanlon, 1994, p. 20)

In this circumstance, Epston's work relates intimately to the individual. Similar to the work of Tamases et al. (1995), Epston acknowledged the strength that it took for her to tell him her story; to be her own person; and to plan for the future. He viewed as destructive processes, her mother's attempts to debase her. He recognized her culture by referring to her mother as her Judas, which refers to Christianity, and by reference to herself as a Cinderella, which in western culture confirms the narrative of one that has been oppressed by family but realizes success. The use of these narratives as identified by Selekman (1993), Tamases et al. (1995), and Epston (1994, cited in O'Hanlon), have relevance to attempts to form connections with children.

Metaphor Anchors

Peterson (1988) devised several "metaphor anchors" for promoting meaningful and contextual interactions between Child Care Workers and youths. He described "transition objects" as objects enabling children to move from one behavior to the next. For example, children admitted into a treatment program may need familiar possessions from home to feel comfortable with their new environment. "Power objects" may be described as moments of connection; positively shared experience; and personal power occurring between two people. During an admission, the power object might be a specific discussion or event that leads a child to want to work closely with an individual Worker. "Buffer objects" operate to regulate the space or distance between people. For example, during an admission, children might choose to hold a chair or alternate object between a Worker and themselves. Therapists might want to consider validating that behavior as a "shield" of protection or recognizing it as imperative to the child. "Ritual objects" recognize the completion of rituals. During an admission, therapists might want to follow one of the following procedures: (1) discuss any objects--trophies, plaques, cards, collections--that signify the completion of efforts; (2) celebrate the connection between a Worker and a child; or (3) celebrate the completion of tasks during treatment (Menses & Durrant, 1987). "Koan objects," which originate from Zen Buddhist philosophy, require individuals to contemplate a riddle that relates to themselves. Peterson provides an example as follows: "think about every move and make a mistake unless you understand why." Another example, might be, to ask a youth that has problems with fighting, to imagine fighting an enemy that gets bigger until he wins: in my way of thinking, the solution is to stop fighting the enemy so it either stops growing or strikes back, which makes both persons equivalent. The "task object" comprises a solvable objective that anchors the youth, consequently, promoting continued growth. Examples of "task objects" might be as follows: writing possible futures; participating in treasure hunts; keeping pictures; writing cards and letters. "Grail objects," being difficult to achieve, require an ordeal, which may be a trial, self-development, or discovery. In the Nuer culture, "grail objects" comprised the spear and the ox; the ordeal involved the reception of cuts along the forehead (Service, 1978). In residential admissions, an example of a "grail object" might be receiving baseball hats after a grueling game outside. In the way that Peterson structures them or implies, they seem functionally related to both the individual and the task. The "resource state anchor" specifies either the desired state to be developed or the present, positive state. For example, a Worker might give a youth a bottle of cologne to anchor in the child a sense that he is doing things correctly. The achievement anchor object comprises tokens of achievement, trophies, diplomas, or necklaces, which suggest that the youth has succeeded. For example, if a recently arrived youth dislikes his peers but manages to participate in an activity with them, Workers might provide that child with an approving and comical letter from a favorite rock-star.

Metaphor anchors allow Workers to anchor experiences for recently admitted youths. During interactions between Workers and children, they create new meanings since they promote relationships and interpretations about oneself in context. During residential admission, metaphor anchors help youths accomplish the following: to make the transition from their previous placement to the new program; to form relationships with Workers and other children; to accentuate them, and to consider continued development.

Relationships

The essential feature facilitating smooth transitions into residential treatment seem to be the Worker's ability to form connections with the child. States of rhythm, presence, meaning, and atmosphere permeate interactions between Workers and youths. Workers that experience success may unknowingly use these ideas when forming relationships with youths. In contrast, Workers that experience struggles when trying to connect with youths may have mistakenly neglected one or more of these ideas.

"Rhythm" refers to states of synchronous behavior between Workers and children (Maier, 1992). It is children playing cards, throwing a Frisbee, giving new hand shakes, and sharing music with Workers. It is the sound of Workers leaving their adult roles for a moment, to sing or yell a favorite song with youths. In addition, it refers to a Worker's sensitivity to the pace of chatter during a group-meeting, followed by her attempt to speak at pace with the chatter, and then her efforts at altering the pace of the conversation so others may join into a single, focused conversation. In a physical sense (Krueger, 1995; Maier, 1987), rhythm informs new youths that events in the program occur in a cyclical or rhythmic pattern during the day.

"Presence" refers to Workers and programs that appear as "real" or "genuine" when dealing with children. It involves an understanding that new youths tend to connect with Workers that behave dependably and predictably. Workers display presence, for example, when they arrive to work on time (Krueger, 1994). In a social sense, presence occurs when Workers listen, look, smile, and nod attentively when interacting with children (Krueger, 1994; 1995; Maier, 1987). When interacting with new youths, presence refers to Workers' interest in knowing about a child's competencies rather than his problems. In a physical sense (Krueger, 1995; Maier, 1987), presence communicates that a youth may return to the program after running away.

As Krueger (1994) defines it, "meaning" refers to the way that culture, history, community, and a sense of the present, influence individuals' interpretations of events. It involves the sense that Workers and children may find mutual understanding during an activity without necessarily agreeing on how an activity should occur (Krueger, 1994). For example, it may be a Worker and child playing cards, experiencing the moment as pleasurable, without necessarily communicating that a goal is being worked on. It may also be, the sense of group, which occurs when children recognize that in living together, they share a common social space, but each with different values, beliefs, and directions.

"Atmosphere" refers to space, time, surroundings, and mood. Atmosphere involves colors, sounds, lighting and smells that communicate that a place is either safe or unsafe. In treatment programs for children, it involves the presence of locked steel doors or soft wooden doors; or, the feelings whether negative or positive that youths derive from the experience. It, further, involves the sense that one's family and friends are either welcome or not welcome. During an admission, it may be the sense that a youth's arrival is anticipated versus unacknowledged. It may be questions that suggest to a youth and family that something is wrong with them. Or it may be questions suggesting that youths and families should experience placement as a transition to a higher end. As Henry Maier (1987) commented, "the space we create controls us." Similarly, Workers that expect youths to be open and communicative on arrival may witness behaviors contrary to their expectations. Ultimately, past interactions between youths and Workers influence the way that new youths behave in programs. Therefore, Workers should attempt to change the larger peer group before inviting atypical behavior from new youths.

Summary

The literature from constructivist therapies and Youth Care Work appear to suggest that themes of context, metaphor, and relationship have relevance to efforts to admit youths comfortably into residential treatment. Context involves the idea that individuals form assumptions about residential treatment based on their "a priori" beliefs about treatment and their interactions with therapists. It, also, involves the idea that therapists' ideas about individuals tend to be negative when their theoretical orientation utilizes negative assumptions. Nonetheless, both individuals' interpretations of placement and therapists' perceptions of individuals may be improved when admission occurs in a positive, developmental context. Similarly, metaphors such as change, growth, development, and transition structure a sense of continued and expected development in youths. When used in therapy these ideas structure a sense of change. Moreover, the ability of Workers both to form good relationships with youths and to involve youths' important social supports in treatment facilitate good therapeutic admissions. These ideas have implications for the Youth Center where the research for this practicum project occurred.

Documentation of the Problem

In this section, I will attempt to document the problem at the Youth Center. As stated previously, it involves a tendency to treat admissions as a sudden procedural event, instead of a gradual therapeutic process. I will claim that efforts to treat admissions as a therapeutic process may lead to admissions that ease transitions into residential treatment. Several sources of information will substantiate my claim: interviews with Workers and Administrators; an evaluation of Worker's written statements; ideas from the Youth Center Program Manual; and interviews with youths. Moreover, I will attempt to demonstrate that these sources provide solutions to the problem at the Youth Center.

Interviews with Administrators and Youth Workers

Seven Youth Workers and two Administrators were interviewed individually (for approximately one hour) using a structured questionnaire. Appendix One presents the questions provided to Youth Workers and Administrators.

Insert Appendix I about here

Each person interviewed was informed of the purpose of the practicum: to develop a model that would help youths to experience admission as a comfortable transition. In contrast, their answers suggest a tendency to treat admissions as a sudden procedural event, instead of a gradual therapeutic process.

Youth Workers were asked whether they viewed admissions as hindered by a tendency to do a great deal on the day of intake but little on following days. They agreed unanimously that admissions were hindered by such a tendency. As tenable solutions, they recommended the following: continue linking the Intake-Worker with the child until the child selects a Worker; attempt to schedule admissions after pre-placement visits; ensure that Workers read intake-reports; treat admissions as though they occurred over a week; utilize thorough exchanges of information to inform

Workers about new youths; and after an intake, connect the child with another youth at the Center.

When Workers were asked to describe the purpose of an admission, their answers seemed confined to concerns about either therapy or caring for youths. Workers viewed admissions as an opportunity to practice constructivist therapy. For example, one Worker viewed admissions as a chance to practice therapy but in a way that confirms the child's understanding or control over the problem. Others perceived admissions as an attempt to remove the child's fear of being in a new place. Establishing some form of relationship, these Workers wanted the child to feel comfortable.

Administrators and Youth Workers were asked to define the person or persons responsible for interacting with youths during an admission. The question intended to determine whether Workers and Administrators viewed Intake-Workers as responsible for admissions. One Supervisor conjectured that every Worker, in assuming that the program has failed, should introduce themselves to the child and inform them about rules and things the child should know. Another Supervisor suggested that one person--the Training Intervention Coordinator--should be responsible for residential admissions; the Supervisor claimed that the Training Intervention Coordinator would ensure that the child is never without information. Only one Worker viewed everyone as responsible for interaction with youths during an admission. Another Worker mentioned changes to the schedule, which would ensure the presence of a consistent person to work with new youths. Others commented that the Intake-Worker should assume responsibility for interacting with new youths.

When Youth Workers were asked to explain the steps they follow during an admission, most recognized therapeutic activities over administrative activities. This practicum defines "therapeutic activities" as those involving interactions between Workers and youths and "administrative activities" as those involving minimal interactions between Workers and youths. One Worker mentioned the following administrative and therapeutic steps: providing children with an Activity Booklet and completing paperwork. Therapeutic steps involved mainly: pre-placement visits; informing the child about the Center; asking about previous placements; giving the Worker and child an opportunity to speak privately; and using therapeutic techniques such as "problem externalization." Another Worker claimed that admissions involve therapeutic activities 80% of the time and administrative activities 20% of the time. Again, administrative activities were considered to be providing the child with an Activity Booklet and completing paperwork. Therapeutic activities, in contrast, comprised the following: introducing oneself with a handshake; escorting the child through the building while discussing the layout, offering juice; escorting the child to an intake-room; when in that room, providing information about oneself; using humor intermittently; informing the child that the Center is happy they arrived; asking about the reason for placement; where the child would like to be when he leaves; meeting with the child during the next five days; and connecting the child with a buddy. Another Worker identified only therapeutic activities, which included gathering information and introducing the child to other youths. Another Worker mentioned administrative activities that included signing consent-forms and therapeutic activities that included explaining what consent-forms mean, asking about their goals, explaining rules at the program, introducing youths to others in the program, and showing youths around the building.

Youth Workers were asked to explain how their treatment of new youths differs from their treatment of youths that live in the treatment program. Workers mentioned their willingness to provide additional support to new youths: spending increased time with them; assessing their adjustment; examining goals and their theme of placement; pointing out strengths; linking the child with others with similar interests; building relationships or forming connections; and going out of their way to include the child in the group.

Workers' Written Statements

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Seven written statements from youths' Case Files, during the period from January to December, 1994, were grouped into work done on the day of arrival and work done on the day following arrival. On the day of an admission, Case-Files addressed the following therapeutic interests: assessing the youth's interaction with peers, his goals, previous placements, comfort, attitude toward residential care, interests, and familial background. See Table 1 for confirmation of areas emphasized on the day of admission:

Insert Table 1 about here

On the day following an admission, however, Worker's written statements tended to deal with fewer therapeutic concerns. Table 2 presents evidence suggesting a decreased emphasis on therapeutic concerns:

Insert Table 2 about here

The statements consisted of social and behavioral assessments. Only one of seven Case Files showed evidence of a strong therapeutic agenda. The File involved the following: a discussion of the Worker's effort to remind the youth of rules, discussions with the youth's parent, and efforts to arrange a meeting between a parent and the Administrative Supervisor, who practices family therapy.

Admission and Intake Manual

Presently, the Admission and Intake Manual instructs Workers on ways to conduct admissions. It examines mainly Workers interactions with youths during intakes and examines minimally their interactions following an intake. It sets the following purposes for intakes: greeting the child; obtaining information on the child's needs; determining the purpose of an admission; orientating Social Workers to their responsibility; orientating the youth to the program, the facility, and his or her responsibilities; and beginning therapeutic intervention. In addition, it stipulates the following tasks: gaining information about the child; defining the presenting problem and reason for admission; gaining information on family background; devising a formulation of the problem (which no longer applies); completing a list of personal possessions; keeping some items in safekeeping; and completing checklists. When the manual deals with admissions, it lists the following: review rules and expectations; introduce the child to residents; explain procedure for filing grievances; explain procedure for fires; discuss the model of therapy and provide a T-shirt; and explain clients' rights and responsibilities. The manual stipulates simply that the Intake-Worker should accomplish these activities in a way that both externalize the problem away from the client and remain consistent with the child's view of the problem (Admission and Intake Manual, 1993).

Interviews with Children

Seven children that live at the Youth Center were interviewed and asked whether the program should attempt to set goals with youths when they arrive or wait a couple of days. The interview questions are provided in Appendix I. Six youths claimed that the Center should wait a couple of days before attempting to set goals with new youths. Youths were asked to identify things that they liked and disliked about their admissions. Two youths mentioned disliking questions about personal problems that were asked during intakes; in fact, one youth commented as follows: "I would have liked to settle down first." Another youth mentioned that he disliked ". . . all that paperwork" that he was involved in during his intake. He commented, further, "[w]hen I moved in I didn't want to be reading all this stuff or doing all this stuff."

Importantly, when youths were asked whether staff spent time trying to get to know them; one youth mentioned that they left him alone; three answered "yes"; two would only mention that they already knew the Workers (since they had lived in the Center before); and one seemed bored by the question.

Analysis of Problem

While the data I chose do not convey conclusively a tendency to treat admissions as a sudden procedural event, the data tend to suggest that if admissions were treated as a developmental therapeutic process, they might be more effective. In my analysis of the problem, I will begin with the way youths interpret the problem since they are the persons most influenced by admissions.

Youths identified a number of difficulties that have relevance to the problem of treating admissions as intakes: they disliked discussing problems and the quick pace of the intake, which provided little time to adjust to the program; they, also, disliked the paperwork. Youths disagreed with Workers that tended to view their role as mainly therapeutic, instead of administrative. Youths tended to view admissions as more concerned with business than with their comfort. Nonetheless, the tendency of Workers to view their role as therapeutic may result from their efforts to be professional or embed administrative procedures within therapeutic practice. Unfortunately, youths seem to perceive administrative procedures even when disguised as therapy or nurturing.

Youths mentioned that they would prefer to wait a couple of days before setting goals. Their answer agrees with the position of this practicum, which is that Workers treat admissions as a sudden procedural event. Similarly, Workers agreed conclusively that the Center seems beleaguered by a tendency to do too much during an intake but little following that period. The responses of youths suggest that Workers should provide youths with an opportunity to settle into the program before discussing goals. Nonetheless, the practicum does not want to create the impression that all Workers emphasize intakes over the process of forming relationships with youths. In particular, a couple of Workers, emphasized relationships, strengths, and goals following intakes.

Workers tended to view admissions either as an opportunity to practice constructivist therapy or an attempt to reduce anxiety. Workers that viewed intakes as a chance to practice therapy seemed prey to the goal of single session treatments found in solution-focused brief therapy. Youths, many who had not chosen to live at the Center, mentioned Workers' attempts to form goals with them on the day of their admission. In this case, Workers need to remember that solution-focused therapy differentiates between individuals that are visitors to therapy; those that are customers; and those that want simply to complain (Selekman, 1993). Given these distinctions, efforts to form goals with youths that have not adjusted to a new environment or formed relationships with Workers seem impractical. Nonetheless, the therapeutic efforts of Workers may be motivated by an "Admission and Intake Manual" that recommends problem externalization to remove blame from children (Menses and Durrant, 1987).

One question that was asked, required Administrators and Workers to specify the person or persons that they felt were responsible for admissions. Of course, in the original wording of the question, it reads as though only an individual Worker was being sought; however, the question provides insight into the way Workers and Administrators think about admissions. Significantly, while one Supervisor identified everyone as responsible for ensuring youths a smooth transition into residential treatment, another believed that a single Worker should be given responsibility. Similar responses were echoed by Workers: while one viewed everyone as responsible, others sought to solve the problem by the following: assigning a Worker to be with the child, continuing to link the child with a Temporary Worker; and changing the schedule so that Workers may spend more time with youths. The responses of Administrators and Workers suggest a split between those that view everyone as responsible for admissions and those that would prefer to link the child with a single Worker. While those responses seem noble, those that encourage everyone to participate work best since relationships between Workers and children have more to do with the nature of individuals--their sense of rhythm, presence, atmosphere, and meaning--than with, simply, placing two persons together (Krueger, 1994).

The findings from interviews with Workers, Administrators, and youths appear to confirm a tendency for sudden procedural admissions at the Youth Center. The individuals interviewed offered many suggestions which, when integrated with literature from constructivist therapies and Youth Work, may prove relevant to the construction of a model for residential admissions. This literature and the insights provided by Administrators, Workers, and youths may be utilized to construct goals relevant to a model for residential admissions.

CHAPTER III

Goals and Objectives

Both the review of literature from constructivist therapies and Youth Care Work and discussions with Workers, Administrators, and youths suggest that the Center would benefit from a model that eases youths' transitions into residential treatment. Rosenhan's (1973) research suggests that admissions to psychiatric facilities tend to be a difficult experience for individuals. Similarly, Menses and Durrant (1987) claimed that negative feelings about placement lead to poor therapeutic outcomes. They recommended "problem externalization" as a strategy to improve families' interpretation of placement. To help individuals feel competent, Menses & Durrant (1987) structure residential treatment as a rite of passage, which suggests developmental movement toward a desired end. Similarly, Selekman (1993), O'Hanlon (1994), and Tamases et al. (1995) suggest that a focus on positive transitions in individuals' stories may be a powerful way to structure an improved view of self. Importantly, Krueger (1994) identified states of interaction between youths and Workers--rhythm, presence, meaning, and atmosphere--that may ease youths' transitions.

In this section, I will establish several goals and objectives related to an attempt to develop a therapeutic, transitional, and gradual model for residential admissions. The model will emphasize three main concepts: context, metaphor, and relationships. In terms of context, I will inform Workers about the importance of the following: viewing youths positively; identifying both observable and achievable ends that youths may work toward; and informing youths that they will be treated well during residential treatment. When considering metaphor, I will emphasize the following: treatment as a passage to new ways of thinking and behaving; transitions in the stories that youths tell; and ideas that may be considered as personally relevant to the circumstances facing youths. When examining relationships, I will emphasize strong relationships between youths, Workers, and youths' important social supports. These concepts seem relevant to attempts to construct a model for residential admissions. The following goals will be utilized to develop a model that eases youths' transitions into residential treatment.

The Goals of the Practicum

(1) To organize the literature on constructivist therapies, Youth Care Work, and discussions with staff into a gradual, therapeutic, and transitional model that flows from initial contact with youths to counseling them in the treatment program. I will present the proposed model to Youth Workers.

(2) To help Workers think differently about the impact of context and meaning during admissions. Following the presentation of the proposed model , I expect the following results: (a) the majority of Workers will be able to identify ideas from the model that changed their thinking about how youths perceive admissions; (b) the majority of Workers will mention an increased understanding of their role during residential admissions; and (c) Workers will view admissions as having distinct stages, which seem more pronounced than before.

(3) To help Workers identify ways to treat admissions as a rite of passage. The majority of Workers will feel comfortable with using ideas from the notion of rites of passage in their work with children.

(4) To provide Workers with ways to recognize youths' accomplishments in the treatment program. Workers will identify ways to utilize celebrations in their work with youths. In addition, I will attempt to initiate a committee to investigate the implementation of structured celebrations to the program. (The committee would have the following goals: first, investigating the use of narratives during the union of Worker and youths, and second, identifying youths whose accomplishments should be celebrated.)

(5) To form a committee to investigate implementing ideas from the model into the Youth Center.

(6) To provide Workers with a new language for describing the entry of youths into the treatment program. The majority of Workers will view terms such as "rhythm, "presence," "meaning," and "atmosphere" as relevant to easing youths transitions into residential treatment. I expect that few Workers will feel comfortable with using those ideas to talk about admissions.

(7) To provide recommendations to the Center for improving residential admissions. The recommendations will be received positively by both Workers and Administrators.

These goals will aide the construction of a transitional, gradual, and therapeutic model for residential admissions. In the sections that follow, I will attempt to integrate these goals and objectives into a plan that may be implemented at the Youth Center. Importantly, the plan will attempt to address the problem of sudden procedural admissions at the Youth Center.

CHAPTER IV

Solution Strategy

In this section, I will review literature considered relevant to solving the problem of sudden procedural admissions. Addressing literature from constructivist therapies and Youth Care Work, I will identify factors that either impede or facilitate gradual therapeutic admissions. In addition, I will describe a plan for the construction of a Context, Metaphor, Relationship (CMR) model at the Youth Center.

Themes Relevant to CMR

The literature from constructivist therapies and Youth Care Work may be grouped into two complementary themes: first, presentation and relationships; and, second, transitions and stories. Researchers have been concerned with both the way residential treatment is presented to youths and with the ability of Workers to form relationships with youths (Krueger, 1994; Menses and Durrant, 1987; Rosenhan, 1973; Weinstein, 1974). Others have utilized themes of transition and story to provide individuals with a sense of change and development (Balmbra, 1988; Selekman, 1993). I will explicate these themes in the sections that follow.

Presentation and Relationship

In Rosenhan's (1973) study, eight sane adults gained admission to several adult psychiatric institutions. Upon admissions, they were afraid for two main reasons: first, the hospital seemed to admit them too easily; and second, it provided them with no information about when placement would end. Though they behaved normally in the hospital, their actions were interpreted as signs of illness by both nurses and therapists. In particular, therapists at the hospital presented as detached, emotionless individuals having the power to admit almost anyone (Rosenhan, 1973; Szasz, 1970).

Rosenhan's study has relevance to circumstances at the Youth Center. In Rosenhan's study pseudopatients arrived in a context of illness. Similarly, youths arrive at the Center plagued by reports about their deviance and ineptitude. In this context, Workers struggle to recognize youths and families as individuals confronted by problems that need fixing, not mental illnesses. In Rosenhan's study (1973), pseudopatients were never informed when they would be discharged. Similarly, at the Youth Center, many youths enter with little information about the end of placement.

Menses and Durrant (1987) studied context and meaning as forms of presentation during residential admission. Similar, to Rosenhan (1973) they were appalled by the tendency of traditional therapeutic approaches to blame individuals for their problems. In response, they proposed the contextual approach, which asks Workers to externalize problems away from individuals.

The contextual approach has relevance to residential admissions at the Youth Center. Specifically, the approach has helped to ease youths' transitions into residential treatment at the Youth Center. Externalization, as Menses and Durrant (1987) apply it, has proven to be a powerful means of changing youths' opinions about their problems and their relation to them.

The contextual approach, however, has limitations at the Youth Center. It emphasizes work with families when most youths admitted to the Center lack parental involvement. Consequently, therapy, involves plans, usually, for an alternate placement away from home. In this sense, admission becomes an isolated experience, instead of a communal experience for youths.

Weinstein (1974) offered various means of presenting residential treatment to youths. He recommended the use of pre-admission visits to familiarize children with placements. Similarly, Menses and Durrant (1987) considered presentation when they show new youths around a treatment program. They link information about the reason for placement to various rooms in the treatment program: rooms become places where children may either fight the problem or rest to prepare for further battles. Weinstein (1974), further, mentioned sending Workers to youths' homes to ease transitions. The visits help to familiarize youths with Workers. These approaches comprise effective means of presenting residential treatment to youths.

Weinstein (1974) and Menses and Durrant's (1987) work on presentation has application to the Youth Center. Similar to Weinstein (1974), the Center has utilized pre-admission visits to ease youths' transition into the program. In terms of sending Workers to children's homes prior to placement, the Center has never, to the Writer's knowledge, considered such a plan. The idea of linking various rooms in the Center to youths' plans for care seems useful: it leads youths to perceive placement as contextually relevant; in other words, rooms (in the treatment program) acquire meanings that are similar to those experienced by youths at home.

While Rosenhan (1973), Menses and Durrant (1987), and Weinstein (1974) provided direction about presentation, they provided little information about both the quality of interactions between Workers and youths and ways to strengthen those connections. Addressing this issue, Krueger (1994) advised Workers to consider states of rhythm, presence, meaning, and atmosphere when interacting with (new) youths.

Krueger's account of these states has particular relevance to the Youth Center. During admissions, Workers should think both about the pace or rhythm that children set and how that pace is either different from or similar to their own. While interacting with youths, Workers should attempt to match the child's rhythm and use it to change behaviors constructively. Workers should be aware that some youths possess rhythms that should not be hastened. The reasons for leaving youths as they are, may be conceptual, developmental, or cultural (Maier, 1987; 1992). Importantly, Workers should be aware of the cultural rhythms that separate and unite individuals--the hand shake, the "high-five," rap-music versus rock-music, and forms of speech--slang versus correct English (Maier, 1992). When Workers watch for rhythms, they may see new youths integrating with others in ways that involve different rhythmic rates: slow, quick, aggressive, or relaxed. Some of those rhythms may be integral to the youth's culture.

"Presence" refers to the ability of Workers to convey a sense of genuineness to youths during an admission. During an admission, Workers need to be aware that new youths have little reason to trust them. Being aware of presence, Workers may utilize simple gestures such as talking about oneself, maintaining eye contact, or responding to statements. Presence may be a Worker informing a youth that the Worker may be called upon when the need arises.

"Atmosphere" refers to the context in which youths enter residential treatment. Workers need to be aware of the mood within the building. As Henry Maier (1987) wrote: "the space we create controls us." Similarly, Workers need to view admissions as an opportunity to create contexts that emphasize anticipation, competence, balance, and positive interaction. The Youth Center may benefit from an understanding of atmosphere as it relates to efforts to ease youths' transitions into residential treatment.

"Meaning" refers to the way that individuals interpret events based on their culture, beliefs, history, and community (Krueger, 1994). At the Youth Center, for example, this means understanding the way that children of different cultures are integrated into the residence. Workers need to be aware that avoiding culture leads some youths to feel ignored. As Weaver (1990) described the "Crisis of Cross-Cultural Child and Youth Care," "[c]hildren who are culturally different are not simply viewed as different. Their culture is ignored or denied and the children feel marginal. And their behavior is often perceived as abnormal, when in fact it may be only culturally different" (p. 74). Meaning involves Workers and children from different cultures, classes, and races working together to solve problems. Though their interpretations of the results may be different, by working together, they experience meaning (Krueger, 1994).

Transition and Story

The notion of transition permeates both the works of Menses and Durrant (1987) and Steve Balmbra (1988), who jointly approach residential treatment as a rite of passage. Menses and Durrant (1987) viewed transitions in residential treatment as involving stages of separation, experimentation, and completion. They described residential treatment as a transition toward home. In describing admission as a transition, Menses and Durrant (1987) structured residential treatment in themes of change and movement away from the problem that led to admission. Presently, the Youth Center focuses too often on interventions without an emphasis on developmental transitions experienced by youths and families. It would benefit from a detailed emphasis on such developmental transitions during residential treatment.

Similarly, Balmbra (1988) described a transitional approach to residential treatment. Their model consists of several colored phases through which youths progress over time. In an initial red phase, new youths present their reason for placement to others at the program. In addition, new youths participate in an evaluation-talk with a Worker, who evaluates the youth's successes, problems, and attempts at solving problems. Following the meeting, the Worker writes a summary of the meeting.

Each morning the Worker and youth report the results of their discussion to other youths and Workers in the treatment program. One week before the red phase ends, the youth receives feedback from his peers on his strengths and weaknesses. In addition, the youth receives a self-assessment form designed to help him identify new solutions to problems. During the last week of the red phase, Workers hold an assessment-meeting where reports from family, the residence, school, evaluation-talks, feedback from youths, and self-assessments are combined. The meeting sets the agenda for therapeutic work with the youth and his family. Youths that leave the red phase, receive a yellow cake, which signifies the beginning of the next phase.

The red phase offers some benefits to admissions at the Youth Center. The idea of linking a child with a Worker, who meets daily to discuss both successes and concerns, seems an effective way to help youths adjust to residential treatment. Similarly, when interviewed, Workers at the Center voiced similar ideas. Further, Balmbra's (1988) focus on group-work seems an effective means of promoting discussions about both reasons for placement and alternatives to problems. (However, I disagree with the structured way in which Balmbra admits youths to the program. Interviews with youths suggest that they prefer flexible processes that mimic their own style of meeting people and dealing with issues. The Center may benefit from plans that allow flexible residential admissions.)

In the yellow phase, the family and referring professionals are informed when therapy is likely to end. At this stage, youths are empowered to renegotiate the terms of their relationship with the program. Simultaneously, their status within the program is officially increased. They experience both increased responsibilities and expectations in terms of their treatment of others and themselves. Youths in the yellow phase, also, attend meetings about their case They receive privileges above youths in the red phase. When youths leave the yellow phase, they receive a green cake.

The transition from the red phase to the yellow phase is a useful means of giving youths a sense of change during residential treatment. The experience of changing phases may help youths in the Center to feel that progress is occurring. Allowing youths to renegotiate their placement and to attend meetings about themselves may promote their sense of competence and movement toward an end.

In the green phase, youths experience maximal responsibility. They may act as a spokesperson for others during meetings. They participate actively in organizing activities. Occasionally, they lead morning meetings. Youths in the green phase participate in all meetings with Workers. They may receive visits from friends and classmates. In addition, the program supports prolonged stays with their family. Youths may participate in an assessment meeting, which evaluates successes and plans for follow-up. The last meeting on Friday is used to say goodbye to youths that leave the green phase. Workers present a speech that summarizes the youth's story. Youths receive a diploma stating their achievements and a memento of something meaningful to them. Members from the family may participate in the celebration.

Selekman (1994) and Epston (1994, cited in O'Hanlon) utilized stories in their therapeutic work with individuals. Selekman (1994) used stories to restructure youths' perception of their problems. In a manner similar to Mills and Crowley (1986), Selekman (1993) used a protagonist's struggle with a problem to elucidate the futility of a youth's fixation on a leather jacket. As mentioned in Chapter Two, by presenting the story of a protagonist that became stuck on an eagle feather to an exclusion of those around him, the youth realized the futility of his actions. Similarly, Epston (1994, cited in O'Hanlon) investigates individuals' stories: in a letter to a women that met with him, he validated both her struggles and her personal development. Similar to the work of Selekman and Epston, youths arrive at the Center with stories; their tales may be accentuated by admissions that respect the struggles, triumphs, and changes that they experience.

Applying Concepts

Solutions to the problem of treating admissions as a sudden procedural event, but not a gradual therapeutic process occurs in dual themes: presentation and relationship; and transition and story. In reviewing literature from constructivist therapies, Youth Care Work, and through discussions with youths and Workers, it appears that efforts to develop a transitional model for residential admissions involve many challenges. Weinstein (1974) utilized pre-placement visits to familiarize youths with residential treatment. Discussions with youths and Workers suggest that they view pre-admission visits as a way to ease transitions into residential treatment. The proposed model will offer similar recommendations. Further, Weinstein, recommended that Workers visit youths' homes before their admission. Similarly, when youths were asked about their preferred location for an admission, youths tended to choose the following order: at home, the Children's Aid Society, and the Youth Center. In the model that I intend to advance, I will recommend alternative locations for admissions.

I remain deeply concerned by Rosenhan's (1973) study, which suggests that individuals admitted to treatment facilities experience fear and doubt. To help youths feel comfortable, I will recommend that Workers explain the following to youths: the purpose of placement; its expected ends; and how the youth will be treated. I will propose ways to accomplish these tasks.

Menses and Durrant's (1987) study warns Workers that the context and meaning in which residential admission occurs determine the way that individuals interpret them. Menses and Durrant (1987) recommend "problem externalization" to remove blame from youths and their families. Similarly, I will recommend continued training in the use of externalization.

Krueger's emphasis on rhythm, atmosphere, presence, and meaning present many challenges to the research for this practicum project. In terms of Workers tendency to treat admissions as a sudden procedural event, an emphasis on states of rhythm, meaning, presence, and relationships may motivate Workers to attempt to ease youths' transitions into residential treatment. Similarly, when Workers and Administrators were asked questions about the type of training required, they recommended listening-skills; but, a focus on states of interaction between Workers

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and youths may facilitate these skills, as well. In CMR, I will introduce such ideas to Workers. I will, further, recommend that they incorporate the ideas into aspects of their daily work. I will rely on questionnaires, personal observation, and a Participant Observer to evaluate the impact of these ideas.

Menses and Durrant (1987) and Balmbra (1988) suggest that residential treatment should be framed in moments of change, transition, and growth. Particularly, Balmbra's approach, though structured rigidly at times, offers a means to engage youths in residential treatment: he described the use of a single Worker, who met daily with new youths. At the Youth Center, however, when Workers were questioned about who should be responsible for interacting with new youths, some had the insight to realize that everyone should participate in an admission--as though the entire system had failed. In CMR, I will promote this idea with Workers. Participant-observation, personal observations, and conversations with others will be utilized to evaluate whether the model influenced their work.

In terms of the importance of story, Selekman (1993) showed that simple narratives may promote change in youths and families. Similarly, Epston (1994, cited in O'Hanlon) demonstrated that narratives that attend to transition and victories over problems structure feelings of competence and growth in individuals. Similarly, when youths were introduced to the idea of a positive commentary about their lives, the majority seemed to like it. In CMR, I will recommend that new youths receive a commentary from Workers that confirms their appreciation and respect for their story. Observations by the Writer and a Participant Observer will describe how the ideas were received by Workers.

I intend to deal with many more ideas than advanced by the present discussion. However, the important themes--presentation, relationship, transition, and story--comprise the bulk of the research. Once CMR is complete, it should lead to a series of recommendations that may lead to smooth admissions at the Youth Center. In addition, the responses of Workers will form a measure of CMR's utility. I will explicate the calendar plan in Table 3.

CHAPTER V

Action Taken

In this section, I will describe the way that information from the agency's socio-political history and its therapeutic history were combined to construct CMR. As a socio-political movement, the SHM involved an effort to have the affluent help the underprivileged in the communities where they live. As a therapeutic movement, the SHM involved an effort to treat individuals as citizens, not clients (Husock, 1993). When constructing CMR, I tried to remain cognizant of the agency's socio-political and therapeutic influences. After discussions with Mark Krueger (1995), I began to realize that admission to residential treatment comprises a significant challenge to the beliefs, culture, and lifestyle of individuals. Importantly, I emphasized "lifestyle" as a determinant of the culture-shock experienced both by youths and by Workers that deal with them. Similarly, the "Crisis of Cross-Cultural Child and Youth Care," as Weaver (1990) described it, may be addressed when Workers emphasize lifestyle over culture or race.

The importance of involving individuals' important social supports in therapy has been identified by Tamases et al. (1995) and Selekman (1991, 1993). Tamases et al. (1995) claimed that therapy seems relevant to individuals when it involves representatives from their community. Similarly, in their work with the Maori in New

Zealand, they used representatives from that culture to facilitate communication between therapists and clients. Similarly, Matthew Selekman (1991) has used youths' peers in treatment. He claimed that youths' peers possess a wealth of resources that may benefit both parents and youths. He found that when youths' peers were invited to therapy, they tended to demonstrate their ability to offer good advice to both the youth and his parents. Identifying that information, I decided to find ways to involve representatives from youths' lives to residential treatment. I conjectured that inviting youths' peers, parents, teachers, and Workers to celebrations on youths' behalf would be an effective way to construct comfortable, gradual admissions.

Considering the context in which residential treatment occurs, I considered the idea that negative introductions between youths and Workers would comprise a significant obstacle to good residential admissions. I decided that introductions between youths and Workers could be structured so that Workers interact with youths in ways that suggest that Workers care for youths. Maslow's (1970) need hierarchy seemed a comfortable way to structure initial conversations between youths and Workers. I conjectured that Workers would ease youths' transitions into residential treatment, if they asked questions about the following: youths' physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs.

My review of literature on constructivist therapies and Youth Care Work, also, involved themes of movement and transition. De Shazer and Berg's (1992) solution-focused approach appeared to be a conversational rite of passage. Viewing therapy in this way, I attempted to utilize transition-centered language in CMR. This process was aided by namely: Menses & Durrant's (1987) view of Workers as "highlighters" of difference; Selekman's (1993) questioning about "what's better?"; and Balmbra (1988) and Menses and Durrant's (1987) structuring of residential treatment as a rite of passage. These ideas led to CMR's transitional design.

In structuring residential treatment as a rite of passage, my thinking was influenced by two ideas: first, the notion that the preferred rate for an admission differed with each child; and second, the notion that youths interpret residential treatment as a contextually relevant experience when prepared or indoctrinated it. These ideas led my thinking away from specific days required to complete an admission, to stages experienced during an admission. For example, in the Nuer culture the rite of passage seems meaningful to youths since they are "prepared" or indoctrinated to accept the change (Service, 1978). Consequently, when constructing the rite of passage in CMR, I utilized the following steps: preparation, separation, experimentation, and celebration. I labeled the final stage "celebration," instead of completion as suggested by Menses and Durrant (1987): I wanted to suggest that the celebration is a continuation of residential treatment, not an end. Continuing efforts to construct a contextually relevant rite of passage, I incorporated the following three ideas into CMR: pre-admission visits at the youth's home (Weinstein, 1974); celebrations involving youth's important social supports (Balmbra, 1988; Menses & Durrant, 1987; Weinstein, 1974); and the need for operative procedures that would deal with the presence of both long-term and short-term placements at the Youth Center. I, subsequently, devised the transitional gradual admission (TGA) and the transitional immediate admission (TIA). The TGA was designed to provide youths placed at the Youth Center on a long-term basis with a gradual therapeutic transition into residential treatment. Incorporating a stage of preparation, Workers meet youths and their care-givers at a location that they view as comfortable (Weinstein, 1974). If it occurs, the transition into residential treatment comprises a symbolic separation of youth from care-givers. Importantly, the aim of treatment was to reunite the family in a way that has meaning to all involved. I conjectured that once in residential treatment, Workers should attempt to translate both the experience of residential treatment into a form that youths understand and the stories that they tell about themselves into a form that others might understand. Importantly, the stage involved efforts by Workers to form relationships with youths (Krueger, 1994, 1995a). As I conceived of the celebration stage, I conjectured that youths' social supports should be invited to a celebration that welcomes the youth to residential treatment (Balmbra, 1988; Menses & Durrant, 1987).

The TIA, in contrast, was designed to deal with youths that arrive on a short-term basis due to emergencies. I utilized a stage of separation to begin the TIA. In this stage, a Child Welfare Agency decides that the situation affecting a youth and family, for example, is so severe that they should be separated. In constructing the TIA, I was quite pleased with the way that the Youth Center structures its short-term admissions; however, I added "care-giver primacy" and an emphasis on relationships between youths and Workers to ease transitions into residential treatment. Occurring after the stage of separation is the stage of preparation. In developing this stage, I believed that it was important for Youth Workers to structure a clean and welcoming environment for new youths; ask questions that structure a context of empathic caring; identify the youths' intended ends for treatment; and translate the therapeutic aims and administrative intentions of the Youth Center into a language that has meaning to youths. Similar to the TGA, in the TIA the stage of experimentation involves Workers both attempting to form connections with new youths and promoting contexts where youths may form connections with others. As part of the experimentation stage, I felt that it was necessary to provide youths that do not have an identified end to treatment with an opportunity to begin communication with expected placements; consequently, residential treatment could be described in measurable, achievable, and consensual goals. Similar to the TGA, the completion stage of the TIA involves inviting both youths' peers and Workers in residential treatment and youths' important social supports from the community to recognize admissions to residential treatment.

In the latter stages of developing CMR, I believed that it could play a role in establishing standards for residential admissions. In particular, though the Youth Center has performed many admissions, its quick approach to admitting youths tended to do them a disservice: youths enter residential treatment from distinct communities and lifestyles. Subsequently, admission to residential treatment comprises a significant challenge to their preferred ways of living and behaving (Krueger, 1994, 1995a). Youths deserve a structured, gradual, and therapeutic plan that makes admissions relevant to unique experience. I will explicate CMR below.

The Model

The Context, Metaphor, Relationship model (CMR) is a transitional, gradual, and therapeutic plan for admitting youths to residential treatment. To advance CMR, I will explain the relevance of "context," "metaphor," and "relationship" to residential admissions. I will utilize each to develop standards for residential admissions. These standards will form the basis for two forms of transitional admissions: the TGA and the TIA.

Context

As it relates to residential admissions, context involves the idea that residential treatment occurs in social contexts that are replete with meanings about treatment, whether negative, neutral, or positive. As presented in figure 2, the communities where youths live; their social supports; and interactions with both peers and Workers in residential treatment, influence youths' beliefs about residential treatment.

Insert Figure 2 about here

Importantly, when Workers ignore the social contexts that influence youths, residential treatment operates separately from youths' experiences; in other words, residential treatment ceases to be a contextually relevant experience for youths. For example, while a youth may behave positively at a treatment program and negatively in the community, Workers may remain unaware of the discrepancy due to their perceived belief that residential treatment comprises the youth's (complete) reality. However, through contact with youths' social contexts, Workers may realize the challenges that face youths.

Context involves the idea that residential admissions should occur in a context that youths view as comfortable (Weinstein, 1974). My investigations into residential treatment at the Youth Center suggest that youths have preferred contexts for admissions: first, at a place they consider home; second, at a different site (such as a referring agency); and, third, at a receiving program.

Context involves the idea that during residential admissions, youths are concerned both about the way they will be treated and about the supposed ends of placement (Rosenhan, 1973). Since youths want to know about their treatment, on a youth's arrival, Workers should explain positively, and in a language the child can understand, how the program will treat them. For example, a youth that arrives due to violent behaviors against his younger brother may be concerned that Workers will retaliate by harming him. To help the youth feel comfortable, Workers may explain their intent to treat him, his property, and those he associates with respect. Equally, Workers should explain that everyone at the program is expected to treat him similarly. Additionally, in terms of efforts to define ends of placement, Workers should discuss those ends with new youths; in this way youths gain a sense that there is an end that they are working toward.

Context involves the idea that Workers may promote either a positive sense of self or a negative sense of failure, blame, or incompetence in families (Durrant, 1993; Menses & Durrant, 1987; Rosenhan, 1973; Selekman, 1993). When families enter therapy in contexts that seem to expect failure, individuals tend to experience failure (Menses & Durrant, 1987). However, when families enter therapy in contexts that expect success, they tend to experience success (Selekman, 1993).

Context involves the idea that admission to residential treatment comprises a significant challenge to the beliefs, culture, or lifestyle of an individual (Krueger, 1995). I have included the notion of "lifestyles" to Krueger's statement to strengthen the notion that admission to residential treatment is, in fact, a transition from one way of living to another (Krueger, 1995; Szasz, 1970). Subsequently, the problems experienced by youths from distinct cultural and racial groups as they adjust to residential treatment should be viewed as due to incompatible lifestyles, not mental illnesses. For example, a youth may view his community's preferred way of interacting--sitting, talking, and expressing oneself--as estranged in the program. Similarly, youths that come from families that use physical violence to solve problems may find it difficult to deal with Workers' preference for conversation to violence. Workers deal with lifestyles, not mental illness (Szasz, 1970).

Context involves the idea that Workers may introduce new youths to others--their peers, care-givers, or Teachers--in ways that promote positive interpretations about them. Such interpretations may be strengthened through celebrations, which involve youths' important social supports (Balmbra, 1988; Durrant, 1993; Menses & Durrant, 1987; Selekman, 1993). Context involves the idea that persons, events, and ideas become relevant when described in ways that are consistent with youths' lives. For example, when Workers describe rooms in a treatment program, they may be described as places to rest from a problem; battle a problem; or think differently about a problem (Menses & Durrant, 1987).

Metaphor

In CMR, metaphor refers to states of transition, movement, and growth occurring both in the stories that youths tell about themselves and Workers' observations about youths. It involves the idea that admissions comprise a continuation of the youth's life journey, not an end. For example, when a youth enters residential treatment, he views residential treatment as a sign of failure. Subtle suggestions by Workers, which describe residential treatment as part of a continuous sequence of development, may be all that is required to encourage youths to view residential treatment as a path to success.

Similarly, when Workers "highlight" positive developments in youths' lives, Workers suggest an inevitable movement toward an improved end (Durrant, 1993; Menses & Durrant, 1987; Oles, 1991). Operating jointly with the notion of "highlighting" transitions is the idea of structuring residential treatment as a "measurable" and "achievable" process. For example, with youths that arrive due to arguments with their parents, before the return home, Workers may set a goal of 10 visits without arguments.

Metaphor involves the idea that celebrations may be used to "highlight" positive changes in a youth's story. Youths' social supports may be utilized to identify positive transitions in the youth's story (Durrant, 1993; O'Hanlon, 1994; Menses & Durrant, 1987; Selekman, 1993).

Relationship

In CMR, the term "relationship" refers to two types of relationships. Those occurring between youths and Workers comprise the crux of efforts in residential treatment (Krueger, 1994, 1995a; Maier, 1987, 1992). Additionally, relationships between youths and their significant social supports offer advantages to residential treatment that should not be ignored (Selekman, 1991, 1993).

Youths and Workers

To ease transitions into residential treatment, Workers need to understand that when they meet youths during an admission, they meet "perfect strangers." Importantly, Workers should spend time "getting to know" youths, accepting them as individuals, before attempting to apply strategies that attempt to change them (Haley, 1993; Lipchik, 1994; Morrison, 1993). Conversely, when youths meet Workers, they meet "imperfect strangers." I described Workers as "imperfect strangers" to give credence to the idea that circumstances leading to admission seem less than desirable for youths. Rhythm, presence, meaning, and atmosphere, have significant repercussions for residential treatment as well (Krueger, 1994, 1995a).

Rhythm

"Rhythm" occurs when Workers accept youths as individuals having their own style of thinking and behaving (Haley, 1993; Krueger, 1994, 1995a). Similarly, Workers that apply rhythm, view youths as having "preferred" rhythms or "preferred lifestyles," not mental illnesses (Szasz, 1970). Workers that attempt to ease youths' transitions into residential treatment should attempt to get in synch with them. Similarly, Workers should attempt to "translate" youths' preferred words, actions, and thoughts into a form that has meaning to others. As I define it, the term "translate" refers to the ability of Workers to describe the rhythmic actions and thoughts of a youth in a form that has meaning to others.

Meaning

Meaning refers to an individual's beliefs about self, relationship, culture, community, the present, and history (Krueger, 1994, 1995a). It involves the idea that even though youths meet "imperfect strangers" during admissions, they may experience a sense of connection with Workers. It results, usually from participation in common ends: athletics, chores, cooking, or finding future placements.

Meaning separates individuals; and it unites them. Equally, aspects of youths' lifestyles may separate them from one set of Workers while uniting them with others. Importantly, when Workers label similarities between their lifestyle and youths, they establish meaning or connection (Selekman, 1993).

Meaning occurs when Workers "translate" the therapeutic and administrative aims of a program into a form that youths understand. It, also, occurs when Workers translate youths' stories or assumptions about self and others into a form that others might understand. Workers strengthen the meaning of youths' stories when they describe them through themes of growth, development, or transition. For example, the parents of a youth are informed about the developmental changes experienced by their son. The information creates a context where parents view their son as improving; this change in perception may be all this is needed to facilitate continued development (Durrant, 1993; Selekman, 1993).

Presence

Workers that have presence seem real or genuine when interacting with youths. Presence refers to Workers that seem able to identify with youth's concerns: what will happen to me? Can I call someone? When can I leave here? What are the kids that live here like? Will they try to hurt me? Moreover, Workers that demonstrate presence appear accessible. For example, by telling new youths where they may be found in a treatment program, Workers affirm their presence with youths.

When Administrators match new youths with a Worker, the program demonstrates presence. Importantly, when Workers seem to make a "fuss" over new youths, they increase the likelihood of providing the child with valuable information that may have been neglected. Programs that have presence maintain placements for new youths even when they run away. The implicit messages conveyed by the program are as follows: we are here; we will wait for you; and we will care for you.

Atmosphere

Atmosphere refers to time, space, mood, and surroundings (Krueger, 1994, 1995a). Workers demonstrate a concern for atmosphere when they present as concerned for youths' needs: their physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs (Maslow, 1970). Workers may use structured questions to demonstrate this concern. First, Workers may ask questions about physiological needs such as food, clothing, or medicine. Second, Workers may identify youths' safety needs through statements about fire-procedures, health procedures, or persons to contact during an emergency. Third, Workers may address youths' love and belongingness needs by asking questions about persons the youth would like to contact or supporting positive interactions between the youth and his peers at the program. Fourth, Workers demonstrate a concern for youths' esteem needs when they highlight their competencies (Menses & Durrant, 1987). Fifth, Workers address youths' self-actualization needs when they discuss either their transition toward an identified goal or the inevitability of success (Rosenhan, 1973; Selekman, 1993). I refer to this structured and empathic way of interacting with youths as "care-giver primacy." It attempts to address some of the needs and insecurities that youths experience as they enter residential treatment. Figure 3 presents care-giver primacy.

Insert Figure 3 about here

A concern for youths' interpretations of a treatment program is demonstrated when Workers attempt to translate its rhythmic cycle into a form that youths might understand. For example, breakfast is described as quiet time where youths sit and eat cereal; school is described as a time for creativity; lunch becomes a period where youths play; and an evening meeting is described as the time where youths settle their disagreements. Such transitions help youths to predict and interpret events in the treatment program.

Workers demonstrate a concern for atmospheres when they clean a treatment program before a new youth arrives. When Workers clean the program with youths, Workers promote an atmosphere of caring for new youths; and associated with the caring is the value that youths deserve a clean place to stay.

Youths and Significant Others

In terms of CMR, the importance of involving youths' significant social supports or care-giver in residential treatment is essential. Residential treatment never occurs in a vacuum. Youths enter residential treatment from social contexts that involve certain internalized assumptions or meanings about them. For example, Selekman (1993) has demonstrated that when youths' peers were invited to counseling, they were able to offer parents advice on ways to deal with their child. Importantly, Selekman's use of peers in therapy creates a situation where therapists deal with the social contexts that influence youths.

Importantly, Selekman (1993) has involved youths' probation officers in counseling. He found their involvement beneficial since it helped probation officers to observe any gains experienced by youths during treatment; in other words, Selekman created a context where youths could be viewed positively. Selekman (1993) has, further, invited other professionals--therapists, teachers, Youth Workers--to counseling so they may observe improvements experienced by the youth.

Considering the cultural contexts that influence individuals, Tamases et al. (1995) recommend the use cultural representatives in therapy. Their work, combined with my own perspective, which suggests that every youth enters residential treatment from a distinct lifestyle, suggest that involving youths' cultural representatives--relatives, peers, and religious leaders--may benefit therapy (Selekman, 1993; Tamases et al., 1995). The representatives may help Workers to understand the transitional metaphors, context, and lifestyle that comprise a community. These interpretations may be utilized to help youths to formulate or perceive positive directions for themselves. I refer to individuals that are familiar with a youth's lifestyle as "interpreters."

In terms of efforts to help youths identify attainable ends for residential treatment, programs may attempt to establish connections between youths and potential placements, shortly after admission. This strategy involves the idea that the youth attains a sense of connection, transition, and progress when associated with potential placements. Together, the youth, his care-givers, and Youth Workers may work to define measurable and achievable goals for the transition to the next placement. Similarly, in situations where youths enter residential treatment with

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strong involvement from care-givers, Workers may work with youths and care-givers to establish measurable and achievable goals for the transition home.

Standards for Youth Workers and Administrators

Youth Workers

1. Workers should ensure that admissions occur at a pace that matches but challenges mildly the child's natural rhythmic developmental rate (Oles, 1991; Krueger, 1994, 1995a);
2. Workers should attempt to identify ends for placement that provide youths with a sense of transition, growth, and movement during admission (Balmbra, 1988; Durrant, 1993; Menses & Durrant, 1987);
3. Workers should translate both the aims of a program, whether an administrative or therapeutic aim, into a style that youths understand, and the stories that youths tell into a form that care-givers, Workers, and other professionals understand (Menses & Durrant, 1987; Selekman, 1993);
4. Workers should behave as care-givers, having a concern for youths' physiological needs, safety needs, belongingness and love

needs, esteem needs, and self-actualization needs, when interacting with new youths (Maier, 19[illegible], Maslow, 1970);

5. Workers should provide new youths with information both about the treatment they will receive from Workers and others during residential treatment and about the expected ends of placement (Rosenhan, 1973);
6. Workers should structure contexts where youths can experience themselves as competent (Durrant, 1993);
7. Workers should attempt to form rhythmic, atmospheric, meaningful, and present-interactions with youths (Krueger, 1994, 1995a; Maier, 1992).
8. Workers should attempt to maintain contacts between youths and their important social supports during residential treatment (Selekman, 1991, 1993);
9. In assuming that the program has failed to communicate valuable information to youths, Workers should make a "fuss" over new youths;
10. Workers should, periodically, evaluate the process of residential admissions.

Administrators

1. Administrators should ensure that Workers connect with or meet new youths in a context that seems comfortable to them.
2. Administrators should ensure that new youths have at least one Worker, who will be present and available on a regular basis.
3. Administrators should attempt to ensure that the agencies with whom they deal respect the standards set for Youth Workers.
4. Administrators should commit to the periodic evaluation of residential admissions.

These standards lead to two forms of residential admissions: the transitional gradual admission, which deals with long-term admissions; and the transitional immediate admission, which deals with short-term unexpected or "emergency" admissions. These dual approaches to admission were advanced to deal with the presence of long-term placements and short-term placements at the Youth Center where this research occurred.

The Transitional Gradual Admission

The transitional gradual admission (TGA) is primarily an attempt to ease admissions for youths expected to live at the Youth Center on a long-term basis. Unlike the Youth Center's historic approaches, which would simply have admitted the child, the TGA participates in permanency planning: this form of admission attempts to unify families so youths may experience a permanent sense of placement (Pecora et al., 1992). To accomplish this end, it relies on coordinated efforts between Child Welfare Agencies and a treatment program. Ideally, a Social Worker from a Child Welfare Agency and a Youth Worker from a treatment program attempt to visit a family at a location that seems comfortable to them: the treatment program, the referring agency, or an alternate location. The TGA occurs in four stages: preparation, separation, experimentation, and celebration. Figure 4 presents these stages:

Insert Figure 4 about here

As presented in figure 4, I added a stage of "preparation" to Menses and Durrant's (1987) notion of a rite of passage, which consists of separation, experimentation, and completion. I added the stage since in those cultures where the rite of passage seems a contextually relevant experience, the Nuer for example, individuals are adequately socialized or prepared to understand the significance of the transition. Similarly, I wanted youths to understand the significance of the passage into residential treatment. In addition, unlike Menses & Durrant (1987), who incorporated a stage of completion, I refer to it as a stage of "celebration" since it implies a continuation, not an end to treatment.

Preparation Stage

Initial Meeting

In the preparation stage both a Social Worker and Youth Worker meet the youth and his care-givers at a location that they view as comfortable. Workers demonstrate "presence" or their concern for the family by arriving on time for the meeting (Krueger, 1994). Considering the lifestyle of individuals at the placement, Workers greet the family--introducing themselves, bowing or shaking hands. The intent of the Workers is to use a behavior that is compatible with the family's lifestyle (Weaver, 1990; Maier, 1992; Morrison, 1993). Workers explain the purpose of the visit: it is to determine ways that the two agencies may help the youth and his care-givers to help themselves (de Shazer, 1994; Selekman, 1993; Tamases et al., 1995). Importantly, I agree with Administrators at the Youth Center in defining a "family" as any group of individuals that view themselves that way (Henry, 1993). As part of the TGA, assistance to families may involve using therapeutic, economic, or religious resources as possible solutions to problems (Husock, 1993; Szasz, 1970; Tamases et al., 1995). Workers work jointly with families to find solutions that (seem to best) meet the family's needs.

Operating from a constructivist orientation, Workers listen respectfully to the family's account of the problem (de Shazer, 1993; Haley, 1993; Selekman, 1993). At this time, Workers remain sensitive to the rhythm and atmosphere of the conversation--its favorite words, beat, tone, and insight. Attempting to connect rhythmically with the family, Workers attempt to match their conversational pace (Krueger, 1994). Speaking with the family, Workers assume that individuals' statements and actions represent "preferred" ways of living or behaving, not mental illness (Szasz, 1970).

Depending on the nature of their statements--whether there is blame or negativity, Workers may attempt to utilize a therapeutic intervention--problem externalization, (White, 1986), the miracle question (de Shazer et al., 1986), reframing (de Shazer & Berg, 1992), or scaling (Selekman, 1993)--that may help the family to view their concerns differently. Simultaneously, Workers may attempt to listen to the family's story in several ways. First, Workers listen to the family's needs by asking questions such as: what would make things better in this family? (Selekman, 1993; Tamases et al., 1995). Second, Workers help the family attempt to solve problems by asking questions such as: what have you tried to stop the problem?; and how did it work? (de Shazer et al., 1986). Third, Workers may help families by asking questions about the way successes were celebrated: when things are going well, how do you recognize that success? When was the last time you recognized that success? (Durrant, 1993). In this way, Workers provide families with a sense of themselves as experts, not as students before teachers (Durrant, 1993). The import of constructivist therapies lie in their emphasis on the individual as an expert in treatment, not the therapist (Selekman, 1993).

Workers may end the initial meeting with the family by using a homework assignment that instructs them to work jointly on an area of competence (Durrant, 1993; Selekman, 1993). Such assignments capitalize on individuals' strengths, not their shortcomings. Otherwise, Workers may attempt to connect families with organizations that offer financial, cultural, or religious support (Tamases et al., 1995). Workers end the meeting by asking to meet with the family again.

Follow Up Meeting

At the time of the next meeting, Workers meet the family at a location that is comfortable to them (Husock, 1993; Weinstein, 1974). Arriving on time for the meeting, Workers attempt to connect with the family by utilizing mannerisms that connect with the family's style of interacting. Workers explain the purpose of the meeting: to identify any improvements, no matter how small that have occurred (Durrant, 1993;

Selekman, 1993). Generally, improvements structure a context where families view themselves as having the ability to solve problems (Selekman, 1993). Workers "highlight" any observed successes, through smiles and congratulations (Durrant, 1993).

However, if the family reports continued struggles with the problem, then Workers may begin a dialogue about residential treatment. They describe, in ways that seem meaningful to the family, residential treatment as a developmental transition to an improved relationship with the problem; however, the improved relationship is not separated from the "hard work" required by youths and their care-givers since residential treatment does not create change by itself (Durrant, 1993).

As part of that discussion, Workers should introduce the family to a discussion about reasonable and potential ends for treatment. Being "measurable" and "achievable" the ends may be either related to the problem or specific to individuals. Similarly, the literature from constructivist therapies suggest that goals do not have to be directly relevant to the problems facing individuals; instead, individuals may experience progress by working on goals that have meaning to them as individuals (Menses & Durrant, 1987; Selekman, 1993). Moreover, accomplishing person-specific goals tend to inform individuals that they have the ability to tackle bigger issues challenging the family (Durrant, 1993; Selekman, 1993).

Conversely, Workers may help the family to define a collective goal for treatment (Durrant, 1993). Collective goals may help to strengthen the bond between youths and their care-givers. Following the discussion about goals with the family, Workers discuss a date for a pre-admission visit (Weinstein, 1974).

Planning for Pre-Admission

When Workers plan for a pre-admission visit, they investigate ways to introduce the youth and his care-givers to residential treatment. Workers ask whether a family would like the following: introductory calls from Youth Workers at the receiving program (as they arrive for shift); a visit from a Youth Worker and a Social Worker both where the youth is officially admitted and where questions about the program may be answered; and a staff meeting to translate the family's interpretation of the problem. I have incorporated questions that may facilitate the occurrence of such staff meetings. The questions are divided into the key concerns of CMR: context, metaphor, relationship.

Questions For a Staff Meeting

Context

1. What are the circumstances leading to admission, as the family interprets them?

2. Has entering residential treatment produced a sense of blame, failure, or incompetence at the youth's placement?
2. What successes have individuals at the placement experienced in terms of solving problems?
3. How significant of a change in culture or lifestyle is residential treatment expected to be for the family?
4. What plans have been made for admitting the youth to the program?

Metaphor

1. What improvements have individuals in the family experienced since they became involved with the program?
2. What positive ends do Workers see for the youth and his care-givers?
3. What positive ends do individuals at the youth's placement envision for themselves?
4. Do the youth and his care-givers have "measurable" and "achievable" goals?
5. What successes should be highlighted?

Relationship

1. At the youth's placement, what is the preferred manner of interacting?
2. What consensual goals or private goals are individuals at the placement working toward?
3. What has the program done to expand upon either existing or potential connections between the youth and his important social or cultural supports?
4. Have we been able to translate a sense of ourselves as care-givers?

These questions were designed to help Workers begin to address context, metaphor, and relationship as they effect residential admissions.

Pre-Admission Visit

Before the pre-admission visit occurs, Youth Workers meet with youths in the program to plan an activity for the youth's visit. This cooperative activity creates an atmosphere where Workers actions suggest that new youths are important.

On the day of the pre-admission visit, demonstrating their concern for new youths, Workers and youths clean the program together. I consider it absolutely crucial that Workers and youths participate willingly in this effort; otherwise, the arrival of new youths may become a negative experience for youths that live at the treatment program.

If the atmosphere in the program seems conducive to a pre-admission visit--there is an absence of violence or a lack of negativity in the program, then the pre-admission visit should occur. However, if the mood in the program seems unfavorable to a pre-admission visit--there is violence and youths' attitudes seem negative, then the visit should be scheduled for another day. This concern with mood or atmosphere contributes to a positive pre-admission visit.

When the youth arrives at the program, he arrives with his care-givers. Their presence suggests their commitment to the child. Youth Workers greet the family at the door. Ideally, the pre-admission visit will occur on a day when Workers that met with the family initially are present. Care-givers are invited to stay as long as they wish; but, at this stage, Workers view the child as the priority.

Similar to the initial meeting, Workers, who have not met the family before, behave as "perfect strangers"; in other words, they treat the youth and his care-givers as guests. Workers provide the family with a tour of the treatment program. As Workers escort the family through the program, Workers attempt to ease individuals' comfort by addressing physiological needs: juice, coffee, or a snack is offered (Maslow, 1970). When interacting with the youth, since he is the priority, Workers attempt to form a connection with him. They consider the following questions: is my presence threatening? Is my rhythm too fast or too slow? Does the child seem to understand me? Is the atmosphere conducive to building relationships? Importantly, while the youth participates in an activity with his peers, Workers facilitate that process by structuring context that help the youth to form connections (Durrant, 1993; Krueger, 1994). For example, Workers might identify similar interests between the new youth and one of his peers. When the pre-placement visit ends, depending on previous agreements, the child's care-givers drive him home. At this time, Workers provide the family with the following: the program's phone number; and a date for placement at the treatment program.

Separation Stage

In the separation phase the youth is admitted to residential treatment. This transition is intended to be a symbolic separation as opposed to an actual separation between the youth and his family.

Before the youth's arrival, Workers prepare a room for the youth, having namely: hygienic aids, linen, bedding, a desk, lamp, and drapes--and perhaps a card signed by both Youth Workers and youths. Similar to the pre-admission visit, Workers ensure that the youth is admitted on a day when the mood of the program seems positive and the program is clean.

At the time of admission, generally, the youth arrives with his family. An admitting Worker, who is familiar with the family greets them and takes them to an intake-room. Since Workers want the family to feel comfortable, juice and cookies await the family. After a brief but pleasant discussion with the family, Workers emphasize "care-giver primacy." The youth may be asked the following structured questions: are you hungry? Do you take any medication? Have you brought enough clothing with you? Are there people or friends that you want to contact? When would you like to see them? The Worker ends the discussion by reviewing the family's goals for placement: my understanding is that you are working on . . . [returning home] . . . as a goal for placement? What has improved since we last spoke? After some discussion, the Worker states the following: we will give you some time to settle into the program and then the "real work" will begin. These questions and the statement remind the family that they are involved in treatment (Balmbra, 1988; Durrant, 1993; Selekman, 1993).

After the meeting in the intake-room, the youth and his care-givers are taken to the youth's bedroom. Utilizing "care-giver primacy," the youth and his care-givers are both shown any emergency exits and given a brief description of fire-procedures to promote their feeling of safety and security. Importantly, under care-giver primacy Workers use such statements to show that they care.

When the family arrives at the bedroom, they should observe a room that is prepared and clean. The family has been invited this far due to care-giver primacy, which emphasizes the youth's need for love and belongingness (Maslow, 1970). Concerned with efforts to ease transitions into residential treatment, the Worker informs the family that they will be given sufficient time both to settle into the program and to help the youth unpack his belongings. Demonstrating presence, the Worker informs the family where she may be found if any need arises. During admission, Workers abstain from efforts to hurry care-givers out of the program since the youth's feeling of comfort is the priority.

Workers that interact with the child later that day, also utilize "care-giver primacy." Their discussions follow a planned lined of questioning, which begins with the youth's: physiological needs and ends with his self-actualization needs (Maslow, 1970). It is important to realize that Workers that listen empathetically will gain a sense of the level of need experienced by the child. Consequently, Workers should begin the discussion at that level, since youths are experts on their lives (Selekman, 1993).

One benefit of care-giver primacy is that the child may interpret placement as a caring environment where he is the priority (Maier, 1987). The child may, further, observe that Workers seem more interested in "getting to know" him than with efforts to change him. Therapy is something Workers do "with" children, not to them (Durrant, 1993; Krueger, 1995).

Experimentation Stage

In the experimentation phase, Administrators support the principles of CMR by assigning a Worker to meet with the youth each morning (Balmbra, 1988). (I advise Administrators that may attempt to utilize this plan with new youths that it may prove ineffective unless the program has a history of planned meetings between Workers and new youths. Otherwise, youths may perceive the schedule of daily meetings as evidence of the new youth's inadequacy.) Therefore, programs should implement a plan of daily, regular discussions with all youths, before attempting to practice this strategy with any one youth.

During daily morning meetings, youths discuss their positive experiences the day before. Importantly, Workers discuss the plan for the day. Workers utilize rhythm, presence, meaning, and atmosphere to aid this process. Following the group meeting, the new youth meets privately with a Worker, who orientates him to the program. Generally, the youth is informed that both his possessions and the persons he associates with will be treated with respect. Further, the child is informed that if he is not being treated with respect, then he may contact the following: a Youth Worker, an Administrator at the program, a Social Worker, Lawyer, Ombudsman, or Member of the Legislative Assembly (Child and Family Services Act, 1984). Once these issues are dealt with, if time permits, the Worker introduces the youth to the Coaching Model. He is informed that a Coach is a Worker in the program that the youth views as able to understand him. The child is informed that he may choose a Worker to be his Coach; however, the child is encouraged to consult with his social supports--care-givers, friends, Social Workers-- before choosing a Coach.

Workers that meet with the youth that day and on later days continue the emphasis on building relationships. Rhythm, presence, meaning and atmosphere are utilized to facilitate relationships (Krueger, 1994, 1995a). Care-giver primacy is utilized to ensure that the youth's needs are met. Using ideas from constructivist therapies, Workers highlight positive characteristics about the child; structure contexts where the youth may experience himself positively (Durrant, 1993; Menses & Durrant, 1987); translate the youth's words and actions for others in themes of growth, development, and movement; and help the youth to interpret placement as a contextually relevant experience by identifying persons or contexts that may help the youth to meet his goals.

In the final stage of the TGA and as part of the work of supporting youths' connections with social supports--friends, Probation Officers, teachers, and Social Workers, Workers invite them to a welcoming celebration on behalf of the youth. Further, youths that live in the program are encouraged to participate in planning the celebration. I will not, presently, detail the celebration since it will be dealt with, further, in the discussion on transitional immediate admissions.

The TGA is an attempt to unify families before the breakdown of a youth's placement. To accomplish this end, the TGA coordinates activities between the Youth Center and a Child Welfare Agency. When initial attempts at unifying families fail, the TGA prepares families for the transition into residential treatment. The transition involves the following: a pre-admission visit, which familiarizes the family with residential treatment; a stage of experimentation where the youth forms connections with others in residential treatment; and a stage of celebration where the youth is welcomed officially to the program. Nonetheless, as its fundamental drawback, the TGA is designed mainly to deal with long-term expected placements. In contrast, the TIA is designed to deal with short-term unexpected placements.

Transitional Immediate Admission

The TIA is utilized when events such as emergencies or disagreements in families end suddenly a youth's placement. The TIA is designed to provide the youth, though arriving under sudden circumstances, with a smooth therapeutic transition into residential treatment. Figure 5 presents the transitional immediate admission:

Insert Figure 5 about here

The TIA is comprised of four sequential stages. Unlike the TGA, the TIA begins with a stage of separation, followed by preparation, experimentation, and celebration. The TIA occurs in this order because during unexpected admissions, youths are generally not prepared for the transition to residential treatment. Instead, they need to be prepared for residential treatment after being placed there.

Separation Stage

The TIA begins when a Social Worker from a Child Welfare Agency contacts a Youth Worker at a treatment program with information about an emergency admission. If a bed is available, the Youth Worker at the program asks the Social Worker some basic questions about the child: his name, sex, age, medical needs, and reason for admission; in addition, the Worker, further, asks about the relationship between the Social Worker, who will accompany the child to the treatment program, and the child.

Prior to the youth's arrival at a treatment program, the Social Worker attempts to document any important information about the youth. Simultaneously, while Youth Workers await the arrival of a new youth, they prepare a room for him. It includes the following: hygienic supplies, sheets, drapes, a bed, and desk. If time permits, Workers walk through the building ensuring that it is neat, orderly, and presentable. In addition, Workers prepare the intake room for the arrival of the youth: chairs are moved; lights may be turned on; and juice and cookies are placed in the admitting room. These activities help the youth to youth to view the placement as a caring environment.

Preparation Stage

The preparation stage comprises the next stage of admission to residential treatment. In this stage, Workers attempt to prepare the youth for the transition into residential treatment. On the youth's arrival, a Youth Worker meets the youth and a Social Worker in a private area of the building. Holding a brief but pleasant discussion with the youth and the Social Worker, the Youth Worker observes their body language to determine whether the relationship seems positive. If their interactions seem tense, the Youth Worker directs the Social Worker to another area of the building where she may, later, discuss information about the child with a Youth Worker. In contrast, if the relationship seems positive, then the Youth Worker invites the Social Worker into an intake-room with the youth. Nonetheless, if the Youth Worker misinterprets the relationship and the Social Worker offers negative statements about the child in the intake-room, then the Youth Worker may want to consider disagreeing with the Social Worker's statements, providing the child also disagrees with the statements. The disagreement encourages a sense of connection between the youth and the Youth Worker (Selekman, 1993).

Importantly, if the Youth Worker recognizes the child as having been in the program before, then the Worker asks about the previous experience. If the youth's experience was negative, then the Worker apologizes on behalf of the program for not being able to help the child (Booker & Blymer, 1994). Utilizing a subtle intervention, the Worker responds by discussing the "hard work" that the program has done to improve its service; and asks the child to act as an expert to identify any improvements since his last stay. In contrast, if the Worker has not met the child before, then the meeting continues as usual.

In terms of the structure of the meeting, the Worker informs the youth about the length of the meeting. In addition, the Worker informs the child about the topics that will be discussed: (1) the reason for placement; (2) how the youth will be treated; (3) discussing where the youth wouid want to live when placement ends; and (4) getting comfortable in the program. However, before discussing the topics, the Youth Worker considers care-giver primacy. The Worker asks the child about the following:

physiological needs such as hunger, clothing, medication; social contacts he may want to maintain; and special skills or interests that contribute to the child's sense of self-esteem. Generally, the Workers avoids efforts to identify self-actualization needs since making the child feel comfortable remains the priority.

In terms of the structure of the meeting, the Worker asks the child about the reason for placement: what events brought you here? By asking this question, the Worker gains a sense of how the child perceives himself in relation to the circumstances that led to admission. Accepting the child's interpretation of placement, the Worker avoids efforts to externalize the youth's experiences or state the problem differently (Haley, 1993; Lipchik, 1994). Moreover, by utilizing the youth's language to describe the problem, the Worker demonstrates both presence and meaning (de Shazer, 1994; Krueger, 1994, 1995a).

Through a discussion about the way the youth will be treated at the program, Workers inform the child of the following: that he, his belongings, and those he associates with will be treated with respect. In addition, the youth is informed that the Worker with whom he speaks will be his Temporary Coach or the person the youth may contact, if any concerns arise. This statement is intended to establish the Workers presence in the youth's mind.

The discussion about possible ends of placement helps the Worker to determine the child's expected outcomes. Workers may ask youths the following questions:

where do you want to be when you leave? When do you want to leave? What do others think you need to do before you leave? What do you think you need to do before you leave? The questions are intended to structure placement as a transition to a different state of being. Importantly, the main objective is to avoid discussions that structure a sense of admission as due to being "stuck" or incompetent (Durrant, 1993).

In addition, the Youth Worker asks the youth how he would like to meet new people: when you leave this room, you are going to meet a lot of new people; Would you like me to introduce you to them?; would you like to introduce yourself?; or, would you like one of the kids to introduce you to others? At the program where this research occurred, youths disagreed on ways to meet new people. Therefore, I decided that at the time of admission each youth should decide how to meet others.

While taking the child to his room, the Youth Worker provides the child with a brief tour of the building. Considering care-giver primacy, the Worker points out any emergency exits and fire extinguishers, mentioning that they have been identified to ensure the child's safety. The child is given time to settle into his room and unpack his belongings (Krueger, 1995). Demonstrating presence, the Youth Worker informs the youth where the Worker may be located, if the youth has any needs.

During the rest of that day, Youth Workers attempt to form a relationship with the new youth. Though Workers may want to hear the youth's story promptly, they wait since they view themselves as "imperfect strangers" that meet a "perfect stranger." Instead, they apply care-giver primacy, which emphasizes the youth's physiological needs, safety needs, belongingness and love needs, and esteem needs. Generally, the youth's feeling of comfort, takes precedence over attempts to apply interventions intending to change him (Lipchik, 1994). When the youth seems to discuss his story comfortably, Workers adopt a position of acceptance since the story tells both about the youth's lifestyle and his interpretation of the problem (Haley, 1993). In addition, Workers attempt to support positive connections between the youth and his peers (Durrant, 1993). These actions suggest Workers' empathic, caring concern for youths.

Experimentation Phase

The experimentation stage comprises the next stage of the youth's transition into residential treatment. In this stage, Administrators support CMR by assigning a Youth Worker to meet with the youth each morning (Balmbra, 1988). Using care-giver primacy, the Worker investigates the youth's needs (Maslow, 1970). In this context, the Worker attempts to build a relationship with the youth. Rhythmicity, presence, atmosphere, and meaning are used as therapeutic aids in this process. For example, a Worker might attempt to speak in melody with a youth, when attempting to form a connection (Krueger, 1994, 1995a).

After working on the relationship, the Worker helps the child feel comfortable by attempting to make the placement relevant to his experience. The Worker asks whether things were similar or different at the youth's previous placement (Husock, 1993; Szasz, 1970; Tamases et al., 1995; Weaver, 1990). The answers provide the Worker with a sense of the youth's lifestyle before admission. Generally, the Worker's aim will be to translate the youth's replies into a form that may help other Workers to relate to the child.

Importantly, in cases where youths come from radically different cultures or lifestyles, Workers may want to consult with "interpreters" (friends, relatives, Social Workers, and Probation Officers) from the youth's social support system (Selekman, 1993; Tamases et al., 1995). Interpreters ease transitions into residential treatment in several ways: first, Workers interact with individuals that are familiar with the youth's lifestyle (Selekman, 1991; Tamases et al., 1995); second, they may help to obviate the sense of cultural estrangement that the youth may experience in residential treatment (Weaver, 1990); third, Workers get a sense about historic myths, developmental transitions or cultural transitions that may have meaning to the youth (Selekman, 1993; Tamases et al, 1995); and fourth, the program expands possibilities for the youth by initiating contact with both cultural resources and potential placements. Importantly, by initiating contact with interpreters, Workers increase the possibility of linking the youth with potential placements. These persons obviate the youth's feeling of abandonment in residential treatment.

Moreover, while helping the youth to adjust to his new surroundings, Workers discuss the concept of the Coaching Model. The youth is informed that during the next week, his task will be to choose a Worker that he feels comfortable with. He should be informed that if he has difficulty making the decision, then he may enlist the help of as many persons as possible. Simultaneously, the youth should be informed that Workers will be attempting to "get to know" him.

As part of their effort to form a positive and natural connection with the youth, Workers attempt to understand the youth's story. While discussing the story, they listen for themes of development, transition, or growth. Near the end of the experimentation stage, the youth is introduced to the notion of a celebration. Simultaneously, discussions with the youth, his social supports, and both Workers and youths at the program are used to structure a narrative account about the youth. Agreeing with premises from constructivist therapy, the accounts should involve themes of transition, growth, development, connection, or amusing anecdotes (Balmbra, 1988; Durrant, 1993; Menses & Durrant, 1987; Selekman, 1993). Before the celebration, the youth should receive a copy of his brief narrative account. He should be asked if there is anything in it that he finds offensive. Both youths and Workers plan the celebration. Its purpose is to structure a positive context where the youth's strengths and developments may be formally acknowledged.

Celebration Stage

The celebration stage comprises the final stage of efforts to admit the youth comfortably into residential treatment. On the day of the celebration, Workers and youths participate cooperatively in the process. While one group cleans the program, another group ensures that expected guests are coming (Balmbra, 1988). When everyone is present for the celebration, which occurs at a specified time, the youth's brief narrative account is read to the group by the Temporary Coach (unless the youth has chosen a Coach). The celebration should have the following structure: (1) it should welcome the youth to the program; (2) mention positive connections between the youth and his social supports ; (3) include statements about the youth's transition toward increasing competence; (4) suggest the program's appreciation for the youth's story; (5) include statements about the youth's favorite experiences; (6) identify the Coach if the youth has chosen one; and (7) identify the preferred ends that the youth is working toward. Importantly, the celebration is expected to be a time of fun.

The celebration stage suggests that the youth has completed his transition into residential treatment. It begins the work with the Coach, who will utilize constructivist therapies in four main ways: (1) building the relationship with the youth; (2) identifying transitions in the youth's story with a sense of planning for the future (Tamases et al., 1995); (3) creating opportunities for competence (Durrant, 1993); and (4) expanding possibilities that keep the youth connected with his community (Husock, 1993; Tamases et al., 1995).

The TGA and the TIA comprise an attempt to provide youths with a gradual therapeutic transition into residential treatment. While the TGA deals with placements expected on a long-term basis, the TIA deals with unexpected placements scheduled for a short-term basis. Ultimately, these two approaches integrate the main tenets of CMR: context as demonstrated by both the social context where youths lived and the social context of residential treatment; metaphor as demonstrated by Workers' effort to recognize individuals' social, behavioral, and cultural developments; and relationship as expressed by a concern both with forming connections between youths and Workers and with maintaining connections between youths and their social supports.

Results

In developing CMR, I had several goals and objectives. Each was achieved through a set of objectives. My first goal was to construct CMR. I intended to measure its completion by presenting the model to Workers and Administrators at the Youth Center. My second goal was to use CMR to help Workers think differently about the significance of "context" and "meaning" during admissions. Three objectives were relevant to this goal: (1) the majority Workers would mention aspects of CMR that changed their thinking about the way youths perceive residential admissions; (2) the majority of Workers would view CMR as providing them with an increased understanding of their role during residential admissions; and (3) Workers would view admissions as comprised of distinct stages. My third goal involved an attempt to help Workers structure admissions as a rite of passage when dealing with youths. The associated objective required a majority of Workers to mention feeling comfortable using rites of passage in their work with youths. My fourth goal intended to help Workers identify ways to recognize successes experienced by youths at the program. I claimed that this goal would be achieved when two objectives were met: (1) Workers would mention ways to use celebrations in their work with youths; and (2) a committee would be initiated to implement structured celebrations in the program. My fifth goal was to form a committee to investigate implementing ideas from CMR into the Youth Center. This goal would be measured by the presence of a committee with a similar mandate. My sixth goal was to provide Workers with a new language for discussing admissions. I conjectured that this goal would be accomplished when Workers mentioned feeling comfortable using terms such as "rhythm," "presence," "meaning," or "atmosphere" in discussions about admissions. My seventh goal was to provide recommendations to the Center that would improve its approach to residential admissions.

In this section, I will evaluate the success or failure of each goal and objective. Nine Youth Workers, three Administrator, and a Participant Observer were present at the presentation. Each was encouraged to complete a form evaluating the presentation as presented in Appendix II (Austin, Brannon, and Pecora, 1988). Four Workers scheduled between seven and 14 days after the presentation were interviewed. The Participant Observer was also interviewed during this time.

The goal of constructing CMR and presenting it to Workers and Administrators at the Youth Center was significantly met. I constructed a model that had the following characteristics: it addressed residential admissions in terms of the systems--community, social supports, and agencies--influencing the youth; it suggested ways to improve interactions between Youths and Workers; and it dealt with long-term and short-term placements. Though less time--approximately 1 1/2 hours--was afforded to me than originally planned, the presentation occurred on the scheduled date.

I provided participants attending the presentation with an information package. It had the following structure: diagrams of the youth in social context (see figure 2), care-giver primacy (see figure 3), and the TGA (see figure 4) and the TIA (see figure 5); a list of recommendations concerning admissions to treatment programs; a list of metaphorical (transition) objects; and a form evaluating the presentation (Austin, Brannon, and Pecora, 1988).

Similarly, the presentation consisted of the following structure: (1) a description of various professional contexts where the speaker had experienced presence, rhythm, meaning, atmosphere, and a familiarity with youths' needs; (2) defining the terms context, metaphor, relationship as they relate to youths; (3) and an explanation of processes and procedures within the TGA and the TIA. Following the presentation, 12 evaluation-forms provided to participants, seven were returned. Though somewhat vague their comments affirm the value of the presentation. I should mention, further, that the presentation occurred at a time when Workers and Administrators seemed to struggle with ways to connect with youths.

One Worker mentioned that the presentation reminded her why she entered the field. Another worker commented that the presentation reminded her that Youth Workers are not jailers but people that are supposed to care about youths. One Worker claimed that the presentation put her more in touch with the way youths must feel during admission. In particular, the Manager of Child and Youth Services mentioned that it would be worthwhile to spend 20 minutes at each staff meeting discussing context, metaphor, and relationship. The only criticism received was that too many ideas were advanced to be absorbed completely in one sitting.

In constructing CMR, several obstacles were encountered. I needed approximately 16 weeks to complete the model, which was substantially more time than the 12 weeks described in the implementation plan. The increased time was due to the demands associated with constructing a model that had never been attempted before. Another obstacle was that my presentation was almost canceled at the last minute due to difficulties at the Youth Center. Fortunately, since I involved both Supervisors and Managers in the construction of CMR, I was permitted to proceed with the presentation. Unfortunately, the presentation was set for one hour (during which some Workers had to leave); fortunately, the presentation managed to continue for one-and-one-half hours due to Workers' apparent interest in the topic. Another major obstacle was that the Participant Observer, who was a person well versed in constructivist therapies, attained employment at another Program within the Agency shortly before the presentation. As a contingency plan, I arranged to have another Worker act as a Participant Observer; fortunately, the original participant observer agreed to attend the presentation about three days before its occurrence.

Approximately seven to fourteen days after the presentation, Workers were interviewed using a structured questionnaire (see Appendix II). Workers were asked whether the model changed their thinking about the way youths perceive admissions. The majority of responses were positive. One Worker, who had conducted an admission a couple of days after the presentation, mentioned that it led her to spend more time with the youth than before. In addition, she mentioned assigning a Worker to spend time with a youth since she was concerned about his comfort. She claimed that the benefit of the approach was that the youth seemed to interpret the program much more positively than others have before. Similarly, another Worker commented that the presentation strengthened the notion that during admissions youths feel (as though) uprooted from their previous place of residence. Using ideas from CMR, she claimed that youths need to know that they are with people they feel comfortable with. Significantly, the Worker was impressed by the strategy of asking new youths how they would like to meet others.

The Participant Observer mentioned similar sentiments. She commented that residential treatment is "another culture or planet" to youths. Moreover, she claimed that the problem with residential treatment is that youths are expected to deal with its demands without considering their own needs. She argued, further, that youths worry about whether they will form positive connections with others. Youths enter residential treatment as failures, she claimed; and they experience fears about sexual harm from others.

In terms of the impact on Workers and Administrators, the Participant Observer mentioned that participants were captivated by the presentation. She was not certain that they grasped all the ideas advanced by the model; but, she conjectured importantly that they seemed to grasp the tension between lifestyle and residential treatment.

I expected Workers to view their role during residential admissions differently. The Worker that had just completed an admission mentioned that prior to the presentation she viewed herself as responsible to give new youths information about the program; following the presentation, she viewed herself as a care-giver. Another Worker also mentioned that the presentation informed her that she should help youths to feel safe and comfortable. She claimed that before the presentation she viewed her role as limited to gaining information from youths.

The Participant Observer echoed similar favorable responses. She commented that youths present as tough or disaffected by admissions. She claimed that the presentation gave her an understanding of the way that youths deal with stress. I interpret her statements to have been influenced by CMR, which suggests that youths have preferred rhythms or ways of interacting. Moreover, in terms of CMR's ability to change Workers' interpretation of their role during residential admissions, the Participant Observer was significantly impressed by the Teacher's comment, who was also present, which centered on ways to incorporate ideas from CMR into the classroom.

I wanted the presentation to provide Workers with a sense of residential admissions as comprised of distinct stages. One Worker mentioned that she used to view residential admissions as a single event; following the presentation, she viewed residential admissions as comprised of distinct parts occurring over several days. She claimed that connecting the youth with a Worker helps the child to navigate the stages. Similarly, another Worker mentioned that prior to the presentation, admissions consisted of two hours during which Workers completed paper work and then two hours during which the youth is integrated with other youths. Following the presentation, the Worker viewed admissions as comprised of several distinct stages: welcoming stage, which consists of caring and nurturing; a getting to know the child stage; a honeymoon stage; and being a part of the group stage. (Though distinct from stages explicated within CMR, the Worker's appraisal recognizes themes examined by the model.) Another Worker viewed residential admissions as comprised of distinct stages. She commented, as expressed in CMR, that admissions should occur at a pace that is comfortable for the child. She mentioned liking the division of CMR into distinct stages: preparation, separation, experimentation, and celebration.

Similarly, the Participant Observer viewed CMR as comprised of several distinct stages. She commented that an admission is not a one hour process; instead, an admission is a transition or process involving distinct stages. In terms of the impact of the presentation on Workers and Administrators, the Participant Observer claimed that they seemed to grasp the notion of distinct transitional stages.

I wanted the presentation to increase Workers' comfort with using the notion of a rite of passage in their work with adolescents. The majority of Workers interviewed claimed to have received little information on ways to incorporate rites of passage into their work with youths. In contrast, the Participant Observer mentioned an increased understanding of transitions as expressed by efforts to progress to various needs while using care-giver primacy. While I was impressed with the Participant Observer's response, I was interested in the ability of Workers to incorporate metaphorical objects into their work with youths. Nonetheless, since my presentation ignored them, aside from including them in an information-package, Workers neglected them.

The goal of increasing Workers' ability to recognize youths' accomplishments was to be accomplished in two main ways: first, Workers were expected to mention a heightened understanding of ways to incorporate celebrations into their work with youths; and second, I planned to initiate a committee to implement structured celebrations of youths' accomplishments at the program. When interviewed, few Workers were able to identify ideas from the model that increased their understanding of ways to celebrate youths' accomplishments. Their instructive feedback was as follows: Administrators and Workers should meet to discuss these issues; the program needs some detailed information on things that should be celebrated; and there was not sufficient time to convey the information in the presentation. I agree with these comments.

In contrast, the Participant Observer claimed that Workers at the Youth Center have always known how to celebrate youths' accomplishments. She mentioned birthdays, activities in the school, and the art gallery in the administration area, as examples of celebrations. I also agree with her statements; however, I think that the program can find more ways to celebrate youths' accomplishments than has occurred before.

As another goal, I proposed to form a committee to implement ideas from CMR into the agency. While I have not formed a formal committee at this time, I have received numerous comments from Workers that seem interested in implementing ideas into their work. Subsequently, I will be providing the program with a copy of this practicum project, both in its library and in the program office for Youth Workers to read. In addition, since the presentation, I have conducted two admissions during which my case summaries detailed the use of CMR in the TIA. I have received many positive comments on the summaries.

As another goal, I wanted to provide Workers with a new language for describing residential admissions. The majority of Workers viewed this goal as successfully accomplished. One Worker commented that the presentation provided her with a new language for dealing with residential admissions; unfortunately, she commented that she is not using it yet. She claimed that a copy of the model would help her. Another Worker mentioned that the presentation provided her with a new

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language for discussing admissions. In particular, one Worker was very specific about the impact of the model. She claimed that the discussion on physical needs and rhythm were very new to her. She mentioned enjoying the idea that culture is not always race: it may be lifestyle. She commented, further, that since the presentation she has discussed the idea of culture as lifestyle with both Workers and students of Youth Care Work. Importantly, she commented that the presentation helped her to realize that youths have needs; and that conversations with them should not be attempts at manipulation.

Similarly, the Participant Observer viewed the presentation as providing Workers with a new language for describing admissions. In particular, the Participant Observer substantiated her claim by the following words: "rhythmic developmental rate," "care-giver primacy," and "movement." Importantly, she commented that she planned to use the idea of care-giver primacy in a presentation at the agency's Family Life Program, which deals with toddlers.

The presentation appears to have accomplished many of its goals. The results of the presentation may be measured best by an evaluation of its impact on Workers at the Youth Center. When I originally began the research for CMR, I asked Workers to explain the purpose of an admission. At that time, I received many mixed results: helping the youth feel comfortable; applying strategic therapies; and gaining important administrative information about the child. Following the presentation , the purpose of an admission seemed more closely tied to helping youths' feel comfortable than any with other concept. I view their responses as a sign of success. Similarly, one Worker commented that the aim of an admission is to help the child feel as comfortable as possible. Another Worker commented that the aim of an admission is to help the child feel safe, secure, wanted, and welcome. Similarly, another Worker commented that the aim of an admission is to help the child feel comfortable wherever the admission occurs.

Workers were also asked to rate the impact of the presentation on their work. Workers provided a variety of positive feedback. One Worker reported being more sensitive to youths' needs than before. She mentioned using a lot of ideas advanced by CMR when she conducted an admission. Another Worker mentioned that the presentation reminded her that caring for youths is just as important as involving them in administrative routines. She commented that during an emergency admission, she emphasized the youth's need for food, drink, clothing, and medication over other administrative concerns. The Worker mentioned, further, that one evening during the week, when a youth asked her for a drink she gave it to him, though she would have refused the drink before the presentation. Importantly, she mentioned liking the way that presentation provided her with a starting point for meeting new youths. As she claimed, the presentation provided a ". . . a good opening, a friendly opening."

Another Worker mentioned that following the presentation, she began to notice youths' rhythms. She viewed rhythm as having application to work with youths. The Worker mentioned, further, trying to recognize when food is something that youths need. Moreover, she provided an example of her concern for youths' safety needs: realizing that youths may want their bedroom doors left open due to concerns about safety, the Worker allowed them to open their doors. In addition, with a youth that was admitted due to an emergency, the Worker talked with him about the transition from foster-care to residential treatment. She claimed that the presentation taught her that caring for youths is both therapeutic and professional.

My own observations affirm the importance of the presentation. When Workers were asked after the presentation's completion about its relevance to Youth Care Work, they claimed that the presentation was extremely relevant to their jobs. After the presentation, many Workers claimed that it was a positive professional experience. Others were overheard at staff meetings discussing efforts to ease youths' transitions into public schools. Their comments explain the import of CMR.

CHAPTER VI

Conclusion

The Present Situation

At the Youth Center, the use of constructivist therapies has been influenced by a recent socio-political context demanding therapies that are succinct, cost-effective, and politically neutral. Similarly, the use of constructivist therapies in residential admissions at the Youth Center involves a trend toward sudden, cost-effective, and procedural admissions. This trend resembles a greater problem occurring in Youth Care Work: an increasing emphasis on cost-effectiveness and efficiency (in services for youths) over empathy. Through CMR I will attempt to advance the claim that Youth Care Work should undergo a major shift of paradigms (Kuhn, 1970): one disavowing quick, cost-effective, therapeutic efficiency in favor of therapies emphasizing an empathic concern for youths. Such person-centered approaches comprise a major challenge to Youth Care Work.

This applied research project has attempted to construct a model for gradual transitional admissions at a residential treatment program. Importantly, the research has involved an effort to obstruct sudden procedural admissions in favor of gradual transitional admissions that ease youths into residential treatment. During the development of CMR, I investigated many ideas having implications for Youth Care Work: the way that context influences individuals' perceptions; the importance of transition to therapeutic work with youths; and an emphasis on relationships as the core of good therapeutic admissions. I will attempt to discuss these issues as they relate to both short-term and long-term placements at the Youth Centre.

Short-Term Placements

As part of its agreement with Children's Aid Societies, the Youth Center provides short-term emergency placements to youths. While the TIA supports present operating agreements with Children's Aid Societies, the TIA fragments agreements between Youth Workers and Social Workers. Youth Workers are encouraged to question the degree to which Social Workers should be involved in intake-meetings. For example, if a Youth Worker observes negative interactions between a youth and Social Worker, then the Social Worker is asked to remain out of an intake-meeting. However, if the Youth Worker observes positive interactions between a youth and Social Worker, then the Social Worker is encouraged to participate in the meeting. Significantly, the intent of the strategy is not to strain professional relationships between Social Workers and Youth Workers, but to place the youth's needs ahead of administrative or procedural concerns. Ultimately, the child is the priority during an admission.

In the TIA, Workers were advised to treat admissions as a transitional rite of passage. They were encouraged to allow youths time to adjust comfortably to residential treatment. At the Youth Center, this recommendation operates against a political context that demands quick procedural efficiency at the expense of youths' comfort.

Long-Term Placements

At the Youth Center, the TGA attempts to deal with youths admitted to long-term placements. Importantly, the TGA challenges Administrators and Youth Workers to help individuals in the communities where they live (Husock, 1993). Similarly, it challenges treatment programs to attempt to interpret individuals' concerns as they interpret them (Henry, 1993; Szasz, 1970). As part of its empathic shift, in the TGA, treatment programs are expected to adapt to the needs of families, not they to the needs of programs. By visiting families in the community, Youth Workers and Social Workers demonstrate their empathic concern for individuals.

Until the construction of CMR, very little has been written about residential admissions. This applied research project has been an attempt to provide youths with a comfortable transition into residential treatment. Ultimately, the research has been an attempt to support a shift of paradigms in Youth Care Work (Kuhn, 1970). In the movement away from concerns about efficiency to empathy, residential admissions may become a contextually relevant, comfortable experience for youths and their families.

To disseminate this research, I intend to present CMR to Youth Workers and Administrators at other treatment programs. Presently, three programs in the community are interested in the model. I hope that the presentations will accentuate the importance of contexts within which treatment occurs; the need for transitional metaphors as the basic core of therapy with youths; the necessity of good relationships for therapeutic work; and, ultimately, the need for a shift toward empathy.

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Figure 1 Admissions to the Youth Center.

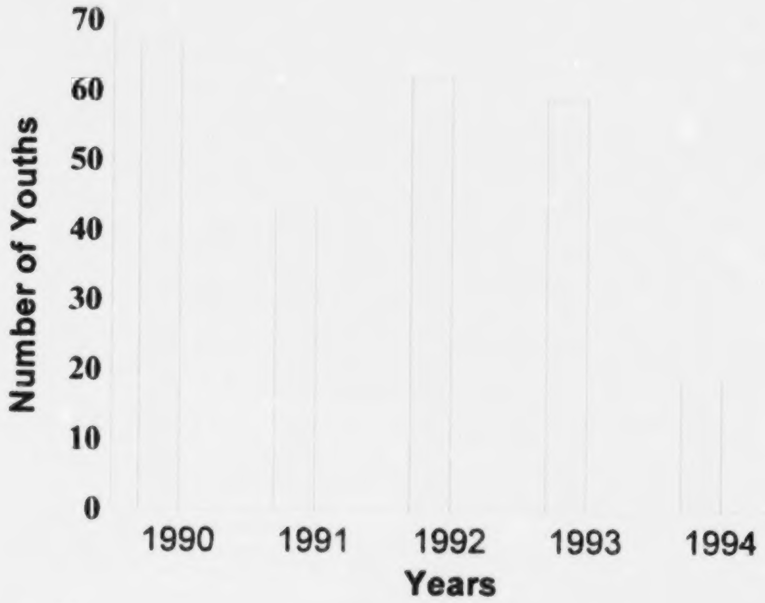

Figure 2 The Youth in Social Context.

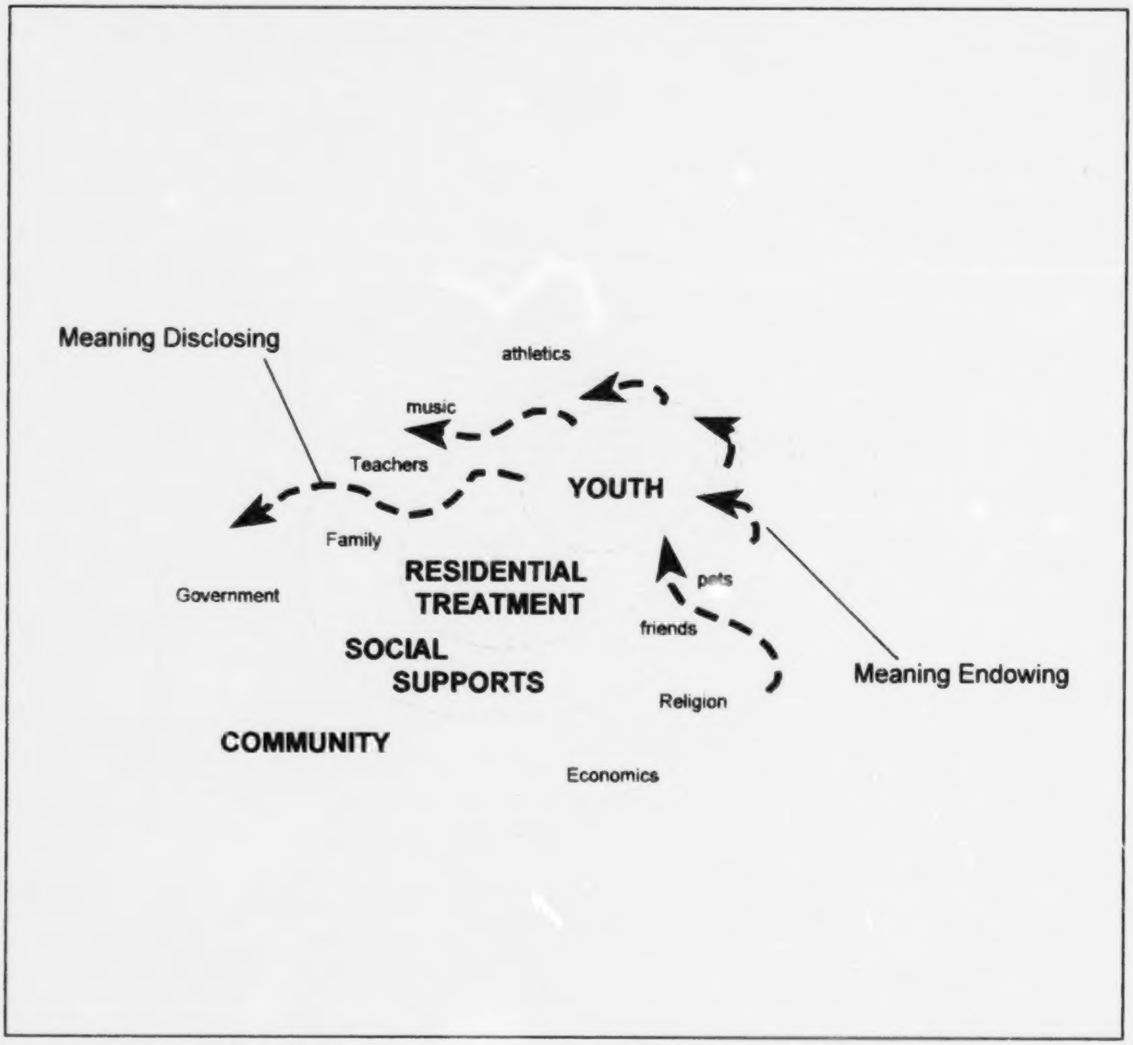
Meaning Disclosing
athletics
music
Teachers
YOUTH
Family
RESIDENTIAL
TREATMENT
pets
Government
friends
SOCIAL
SUPPORTS
Meaning Endowing
Religion
COMMUNITY
Economics

Figure 3 Care-Giver Primacy.

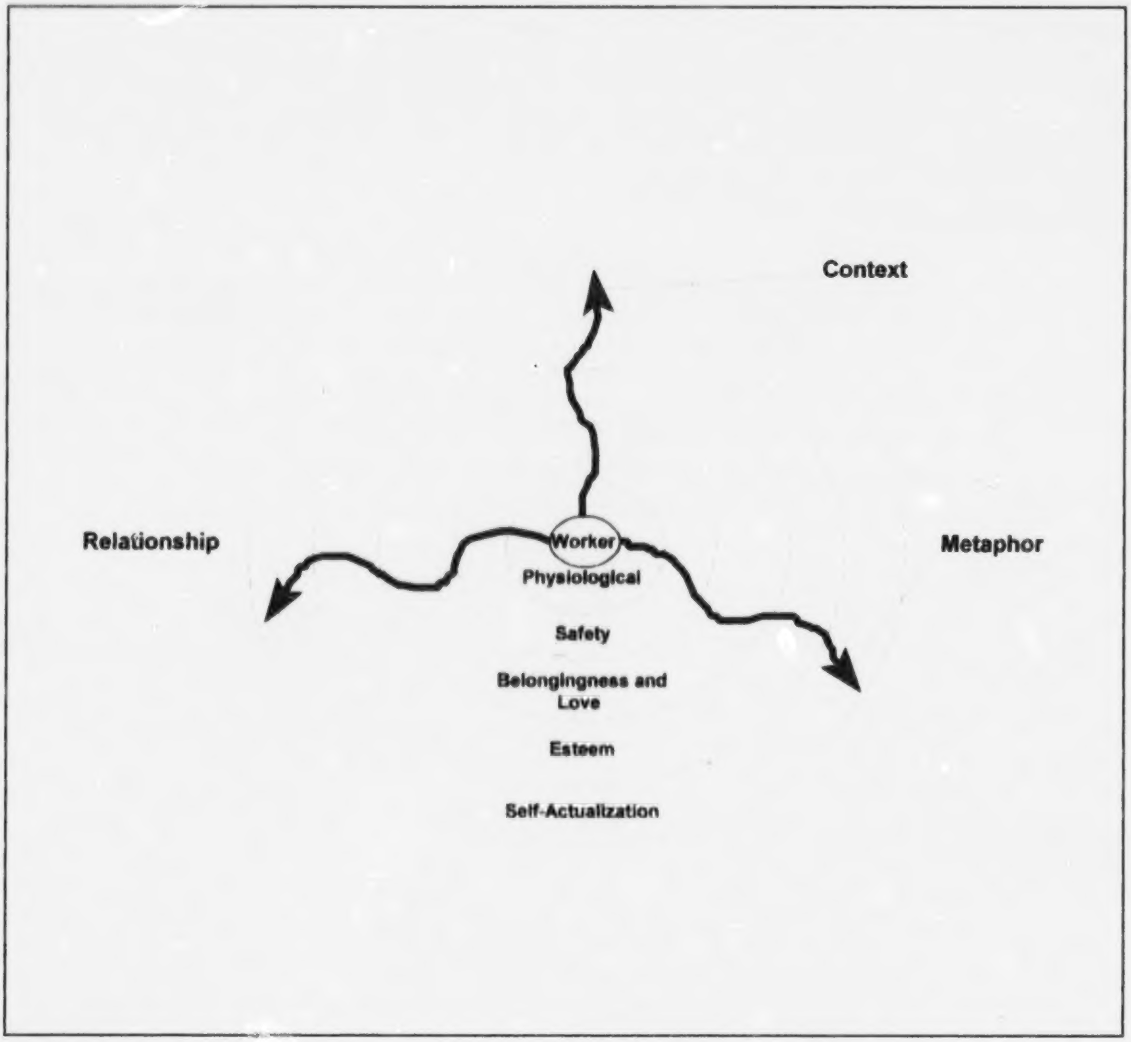
Context
Relationship
Worker
Metaphor
Physiological
Safety
Belongingness and Love
Esteem
Self-Actualization

Figure 4 The Transitional Gradual Admission.

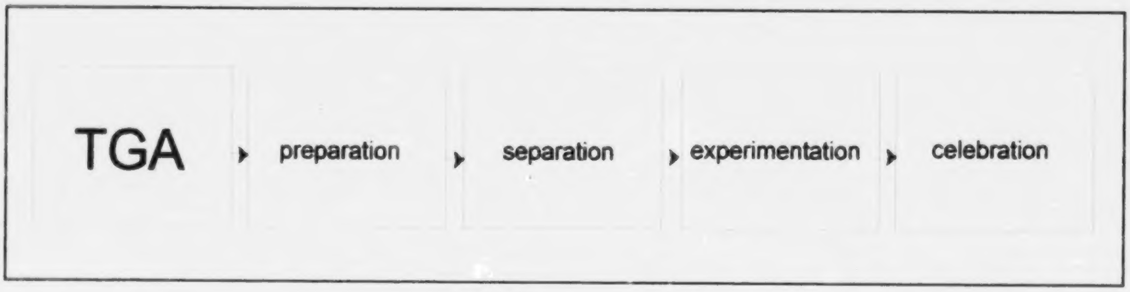
TGA
preparation
separation
experimentation
celebration

Figure 5 The Transitional Immediate Admission.

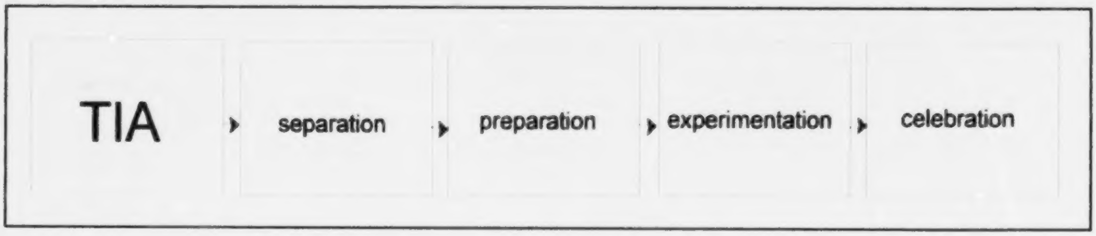
TIA
separation
preparation
experimentation
celebration

Table 1

Therapeutic and Administrative Concerns on the day of Youths' Admission

Youths	Therapeutic Concerns	Administrative Concerns
1	assessment of interactions with peers and staff	paperwork
2	discussed child's interests, goals, comfort, previous placements, family background	
3	family background, goals, assessment, needs	
4	assessment of interaction with peers, discussed opinions of program, family background, concerns	
5	opinions of program and peers, goals, interests, family background	
6	completed an admission-checklist, family background, previous placements, interests, goals, therapeutic intervention (practice for return home), medical, interactions with peers	admission-checklist, paper work, set an initial physical exam
7	completed an admission-checklist, goals, therapeutic tactic, medication, skills, problems, family background, assessment, diagnosis	admission-checklist, paper work,

Table 2

Therapeutic and Administrative Concerns on the day Following Youths' Admission

Youths	Therapeutic Concerns	Administrative Concerns
1	assessment of interactions with peers but no mention of efforts to help	none observed
2	poor ability to understand breakfast time but no mention of help	
3	assessment	
4	assessment, reminded of rules, discussion with a parent, child spoke with parent, arranged a meeting between mother and Family Worker	
5	assessment	
6	none	medical visit
7	none	none observed

Table 3

Calendar Plan to Construct the Model

Objective	Action Plan	Outcome	Time Frame
To construct a Contextual Metaphor Relationship (CMR) model for residential admissions	To write a plan for the following: contact with the CAS	written statement with ideas from the literature, interviews, and supporting recommendations	Week 1 to 7
	meeting the child		
	preparing the environment		
	greeting the child		
	describing and treating placement as a rite of passage		
	inviting important persons from the youth's social system		
	showing the child the residence		
	introducing the child to other youths and staff		
	interacting with youths and assessing those interactions		
	integrating youths into the routine of a program		
	celebrating the arrival of a youth and involving social supports		
	choosing a Worker		
Present the CMR model to staff	to elicit their feedback on the model		week 8-9
Speak with Manager of Child and Youth Services	elicit feedback on elements of the model that would work at the Youth Center.	the opinions will be recorded	week 10

Appendix I

Interview Questions

Youth Workers

1. What steps do you participate in during an admission? Identify the therapeutic ones and the administrative ones?
    a. for each of the following, answer what you do that helps youths experience a smooth transition into residential treatment?
2. What is the aim of an admission?
3. What do you do with youths on the second day and onward that is different from the treatment that you provide to youths that have lived at the Centre for quite some time?
4. Do you view admissions as hindered by a tendency for the program to do a great deal on the first stay but little on following days? What could be done with youths on following days?
5. What ideas from systemic therapies (or solution-focused brief therapy, narrative therapies, or Child Care Work) do you think would benefit admissions at the Centre.
6. What do you do to help youths experience a smooth transition into residential treatment?

Youth Care Workers and Administrators

1. What therapeutic ideas could be added to improve residential admissions?
2. What administrative ideas could be added to improve residential admissions?
3. What administrative practices would help Youth Workers to treat admissions as though they occurred over days?
4. What type of training would help Workers to deal differently with youths during admissions?
5. What steps could be taken to make admissions more like a rite of passage?
6. What changes could the program initiate to integrate children from distinct cultures or subcultures?
7. What changes could the program make to accommodate youths that have lower and higher levels of emotional and cognitive functioning?
8. What can the program do to improve the introduction of youths to their peers?
9. Who should take responsibility for interacting with youths during an admission?
10. Can you think of any questions that I should have asked that would be helpful to providing youths with a smooth transitions into residential treatment?

Youths living at Northcrest

Objective: To help youths feel comfortable when they move into residential treatment programs.

1. Do you think the program should attempt to set goals with youths on the day they arrive or should the program wait a couple of days?

2. Where and in what order should children first become familiar with the program?
   a) home
   b) CAS
   c) Youth Centre

3. Who and in what order should they be involved in intakes?
   a) child, Social Worker, and Youth Worker
   b) child, family, Social Worker and Youth Worker
   c) child, child from the Youth Centre, Social Worker, and Youth Worker

4. In what rooms in the program should intakes occur?
   a) board room
   b) kitchen
   c) any other rooms

5. How would you have preferred to be introduced to other youths when you arrived?

   a) individually

   b) group-meeting

   c) linked with another child

6. When you arrived did you want other youths to know why you were here?

7. We are thinking about ways of celebrating the arrival of new youths. When and in what order should the celebration occur?

   a) day of the intake

   b) couple of days later

   c) when child chooses a coach

8. What are your impressions of the following ideas for the celebration?

   a) agreement signed by Youth Worker and child.

   b) introduce the child in the form of a letter that shows the Youth Centre's respect for successes the child has overcome.

   c) cake

   d) t-shirt or sweat-shirt

   e) hand-print

   f) involving family and Social Workers

9. What do you think of pre-placement visits?

10. Do you have any other ideas for intakes?

11. What did you like and dislike about your admission?

12. Would you have liked the program to offer you access to information about your own cultural heritage?

13. Did you find that staff spent a lot of time trying to get to know you when you arrived?

Appendix II

The Presentation of CMR

Name:

1. How would you rate the following?

	Excellent	Satisfactory	Unsatisfactory
Quality of Presentation			
Relevance of Content			

If any of your answers were unsatisfactory, then please provide an explanation:

2. What was of most value to you during this presentation?

3. What was of least value to you in this presentation?

4. Please detail the goal that you decided to work on during the next two weeks. If you have decided to avoid this area, then please explain why:

Evaluation Questions

1. What impact did the presentation have on your work during the last week?
2. What is the aim of an admission?
3. Were you able to identify ideas from the model that changed your thinking about how youths perceived admissions?
4. Do you have an increased understanding of your role during residential admissions?
5. Do you view admissions as having distinct stages that seem more pronounced than before?
6. Did the presentation increase your comfort with using the notion of a "rite of passage" in your work with children?
7. Did the presentation provide you with a clear idea about ways to utilize celebrations in residential treatment?
8. Did the presentation provide you with a new language for describing the behavior of youths in the residence. And, would you feel comfortable using that language in your discussions with other Workers. Have you used it?